

National  
Framework for  
Collaborative  
Police Action on  
**Intimate Partner  
Violence (IPV)**

MARCH 2016



Canadian Observatory on the Justice System's Response to Intimate Partner Violence  
UNIVERSITY OF NEW BRUNSWICK



CACP Crime Prevention and Community Safety and Well-Being Committee  
CANADIAN ASSOCIATION OF CHIEFS OF POLICE



# Acknowledgements

# Acknowledgements

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National Framework for Collaborative Police Action on Intimate Partner Violence (IPV)

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# Purpose of this document





# National Framework for Collaborative Police Action on Intimate Partner Violence (IPV)

## Purpose of this document

The purpose of this document is to provide police services across Canada with a brief framework of leading practices to address Intimate Partner Violence (IPV) and to better inform policy and collaborative action to keep individuals, families and communities safe. This framework will provide shared language and understanding of IPV that can be used among police agencies and with our community partners. The national framework is the result of collective efforts involving subject matter experts from policing, academia, and community organizations. Rooted in leading evidence-based research and practices, the intent is for the document to serve as a foundational guide on which municipal, regional, provincial and national police organizations can build their own policies.

The prevailing principle throughout the national framework revolves around developing collaborative relationships between police and community partners, which is essential for an effective response to the complex issue of IPV.

This work is endorsed by the Canadian Association of Chiefs of Police (CACCP) Crime Prevention, Community Safety and Well-being Committee, whose mandate is “to provide leadership in adopting and promoting a comprehensive, inclusive approach addressing the root causes of crime and social disorder”.

The framework reflects the Committee’s strategic priorities/objectives of:

- Support of Coalition work on Community Safety, Health and Well-being;
- Knowledge transfer, in order to advocate a better understanding of crime prevention through social development;
- Outreach and education, in order to garner support for crime prevention; and
- Leading on specific issues.

The principles and practices outlined in the national framework are intended to reflect current practices. The national framework is a ‘living’ document providing content that can be updated accordingly as laws and practices surrounding IPV and evidence-based research evolve.





## Statements of Principles

1. Responding to IPV is a shared responsibility across police, public health and social and community agencies.
2. Community safety is promoted through inter-agency collaboration.
3. Policies and programs should be evidence-based, and supported by sound and effective research and practices.
4. Responses to IPV should acknowledge and mitigate the trauma and other impacts of IPV on victims, offenders, families, responders and communities.
5. Effective case management includes collaboration among service providers to support both victims and offenders by addressing the factors that create risk, in order to prevent further harm.
6. The primary mandate of police is to reduce harm and victimization, and prevent crime.



# Definition of Intimate Partner Violence

## Definition of Intimate Partner Violence

Intimate partner violence (IPV) is a complex issue. It is imperative that police officers fully understand the issue at hand, the severity, and the different impacts it can have on women, men, children and communities.

IPV knows no boundaries in terms of socio-economic status, cultural background, sexual identity or preference in gender relationships. Children are also exposed to IPV through seeing, hearing or being aware of violent episodes. The United Nations definition of intimate partner violence is used in this framework:

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours<sup>1</sup>.

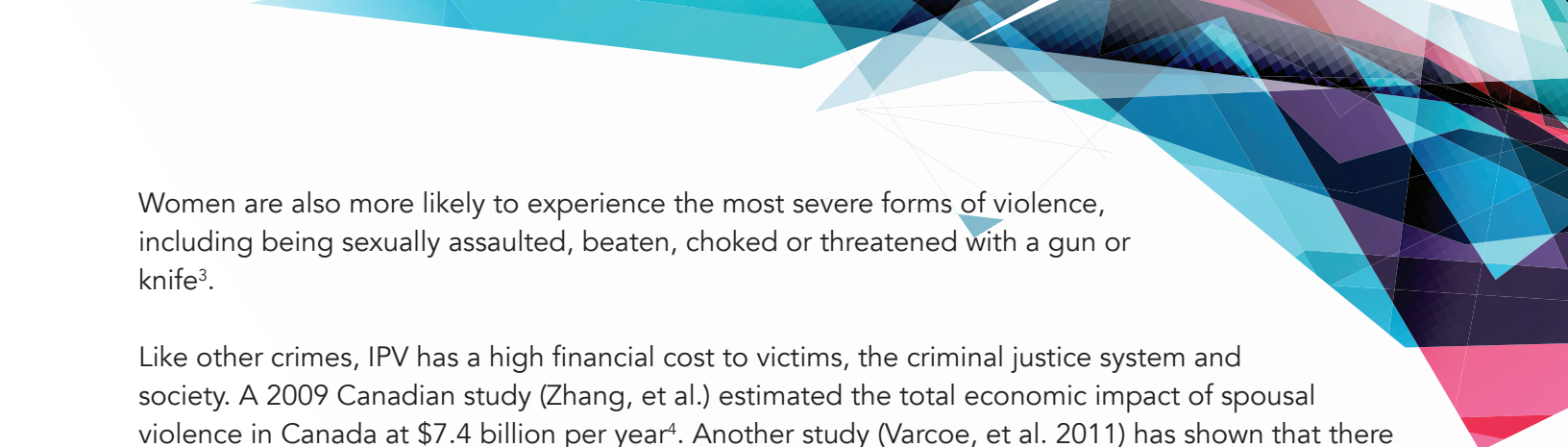
It generally involves a dynamic of power and control from the abuser towards the victim. An intimate relationship is defined as a relationship between opposite-sex or same-sex partners regardless of age. These relationships vary in duration and legal formality, and include:

- current and former dating relationships,
- current and former common-law relationships, and
- current and former married relationships<sup>2</sup>.

It may include a single act of violence, or a number of acts forming a pattern of abuse through the use of assaultive and controlling behaviour. IPV may take different forms over time and can increase in frequency or severity. IPV may include:

- physical violence;
- sexual violence;
- emotional, psychological, and/or verbal violence;
- spiritual violence;
- financial violence;
- neglect;
- unlawful confinement;
- criminal harassment (stalking);
- threats to harm children, other family members or pets;
- property damage; and
- attempted/completed homicide

Both women and men can be the victims of IPV, however, recent data shows that 80% of victims of police-reported intimate partner violence are women. While women are more likely to be victimized by an intimate partner (42%), men are most likely to be victimized by an acquaintance (40%) or a stranger (35%).



Women are also more likely to experience the most severe forms of violence, including being sexually assaulted, beaten, choked or threatened with a gun or knife<sup>3</sup>.

Like other crimes, IPV has a high financial cost to victims, the criminal justice system and society. A 2009 Canadian study (Zhang, et al.) estimated the total economic impact of spousal violence in Canada at \$7.4 billion per year<sup>4</sup>. Another study (Varcoe, et al. 2011) has shown that there are costs associated with intimate partner violence estimating that intimate partner violence has: “a national annual cost of \$6.9 billion for women aged 19–65 who have left abusive partners, and \$3.1 billion for those experiencing violence within the past three years.”<sup>5</sup>

## Context

Research shows that women are more likely than men to experience sexual violence, threats and criminal harassment at the hands of an intimate partner. Additionally, rates of intimate partner homicide against women are 4.5 times higher than men<sup>6</sup>.

IPV is often part of a continuum in people’s lives. The consequences of experiencing IPV vary, but can last across the lifespan and may include:

- mental health issues;
- aggression;
- broken bones;
- suicide;
- unwanted pregnancy;
- alcohol and drug use;
- intergenerational violence; and
- chronic disease<sup>7</sup>.

Canadian police play a key role in responding to, intervening in, and preventing incidents of IPV. It is important to examine all aspects of the situation to assess dangerous behaviour and lethality when intervening. Various elements should be taken into consideration when intervening in IPV situations as they determine the appropriate type of response.

Perceptions of IPV, including myths, pre-conceptions, assumptions, personal beliefs and values, can affect the efficacy of the approach and response taken. It is important that police have a shared knowledge and understanding of IPV and its complexities (i.e. victim reluctance and vulnerabilities, vulnerable groups, barriers/challenges and risk factors), in order to obtain the best possible outcome for all individuals within the family/relationship.

## Diversity

IPV is experienced by individuals of all backgrounds, cultures and socioeconomic status. However, some populations are more vulnerable to experiencing violence, including:

- Indigenous women;
- those who live with disabilities;
- new immigrant women;
- refugee women;
- adolescents;
- those identifying as lesbian, gay, bisexual, or transgender;
- older adults; and
- sex trade workers.

## DEFINITION OF INTIMATE PARTNER VIOLENCE

National Framework for Collaborative Police Action on Intimate Partner Violence (IPV)

Certain individuals also face unique barriers, increasing their vulnerability to experiencing violence and affecting their likelihood of reporting violence and seeking or accessing support. Such factors may include:

- language barriers;
- geographic issues (i.e. living in a rural/ remote area);
- mental health issues;
- lack of access to tailored responses and supports, including those that are trauma-informed and culturally and gender-sensitive; and
- cultural acceptance of the violence.

Additionally, there are certain factors that can increase one's risk of either experiencing or perpetrating violence. These elements can also be influenced by other complex social factors, including discrimination, poverty and racism, etc. The following list of key risk factors is meant to be illustrative but not exhaustive:

- gender;
- victim is of a younger age;
- history of (or exposure to) violence;
- presence of stressors, including financial strain and unemployment;
- financial dependence;
- attitudes that support violence and gender inequality;
- social, cultural, and geographic isolation; and
- religious or cultural influences and practices.

Although the emphasis is on vulnerable groups, it is important to recognize that every victim of IPV situation can face challenges disclosing, reporting and leaving an abusive partner<sup>8</sup>. Appendix A, page 27 outlines the various barriers and challenges faced by vulnerable groups experiencing IPV.

Other important factors to consider in all IPV situations and during risk assessment include:

- increasing frequency and severity of violence;
- stalking, harassment, and threats;
- (recent) separation;
- substance abuse;
- age differences between partners;
- type of relationship
- mental health of the victims and offenders.
- having a child from a previous partner;
- presence of weapons;
- suicide risk;
- sexual assault;
- strangulation; and
- pregnancy.

It is important to keep in mind that leaving an abusive relationship and the moment the abuser is arrested is the most dangerous time for the victim. For more on risk factors and risk assessment see Section 8 of the Investigation Guidelines for Canadian Police Services on page 16.



# Police Proaction

## Police Proaction

Police response to IPV has changed and developed over the past three decades in response to the increased recognition and understanding of the problem of IPV through a **trauma informed** lens.<sup>a</sup>

Numerous police agencies have continued to develop new strategies and approaches to preventing and responding to IPV. While not all of the new approaches have been evaluated, the following overarching characteristics provide a framework of promising practices on which future efforts could be built.<sup>9,10</sup>

**Police proaction** refers to a preventative, anticipatory approach to policing rather than strictly a reactive response to IPV. It presents an opportunity to prevent future harm and victimization by taking initiatives improving police intervention. Proaction should be considered for both short and long term solutions. Current leading practices point to the following elements of an effective approach.

### 1. Developing and Implementing a Comprehensive and Collaborative Response Strategy for Dealing with IPV

Multiagency collaboration between the police and community partners such as service provider agencies is critical to developing an effective action before, during and after IPV incidents. This process usually begins with dialogue and relationship building; developing an understanding for each agency's role, and establishing a process for the sharing of information. This process of developing multiagency collaboration should lead to the development of operational policies which are sensitive to both the local need and resource availability<sup>11</sup>. Some jurisdictions are developing high risk committees. The Fredericton Police Force for example, includes a dedicated IPV coordinator who meets bi-weekly with the Department of Social Development, and can call case conferences on an as need bases regarding high risk cases. Case conferencing includes representatives from government and non-government agencies and various support systems as deemed necessary. See Appendix A, page 25 for examples of multi-agency collaboration throughout Canada.

### 2. Training/Education of All Partners

Research shows that one of the main breakdowns within IPV investigations is at the supervisory level – lack of knowledge of the dynamics of IPV and not looking at the history of the relationship and risk, etc. A comprehensive training program regarding IPV should be required and available for the police investigators and supervisors. Training and education modules should also be developed for the multiagency partners concerning IPV, the roles various agencies are responsible for, as well as the operational policies related to their activities.<sup>12,13,14</sup>

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<sup>a</sup> A trauma informed lens refers to the importance of taking into consideration experiences that overwhelm an individual's capacity to overcome difficulties in an intervention. IPV can be a traumatic experience in people's life that can impact their attitudes and behavior. Appendix A, page 22 provides further information on a trauma informed police response.



### 3. Special Resource Personnel

Ongoing support, mentoring, and supervision should be available to investigating police officers for all IPV cases. This resource may be one specially trained officer in a small police agency who can provide case-by-case assistance to investigators or it could be a specific police unit or multidisciplinary unit devoted to IPV cases in a larger police organization. As well, community partner agencies may also provide support and mentoring to police.<sup>15</sup>

### 4. Support for Victims and Families

The immediate concern in IPV cases should be the safety of the victim, children and any other individuals deemed to be at risk. Then, tailored safety plans and strategies, using a gendered and trauma-informed approach, should be developed for the victims. In addition it is important that the individuals are linked with needed community services. The safety, support and provision of needed resources should be monitored over time.<sup>16,17,18</sup>

See Appendix A, page 23 for more information on collaboration and information sharing.

### 5. Protection and Support for Children

In most jurisdictions, the child being exposed to intimate partner violence is one of the criteria for the child protection agency to become involved to assess the child's protection needs. Thus, protocols should be developed with local child protection agencies to ensure that the child's safety and support are appropriately dealt with. As well, responding police should convey support and reassurance to minimize the trauma to the child and victim when needed.<sup>19,20</sup>

### 6. Ensuring Sanctions and Conditions Are Met by the Offender

Keeping the safety of families top of mind, police and probation services should ensure that conditions placed on offenders are met and that breaches are dealt with immediately.<sup>21</sup>

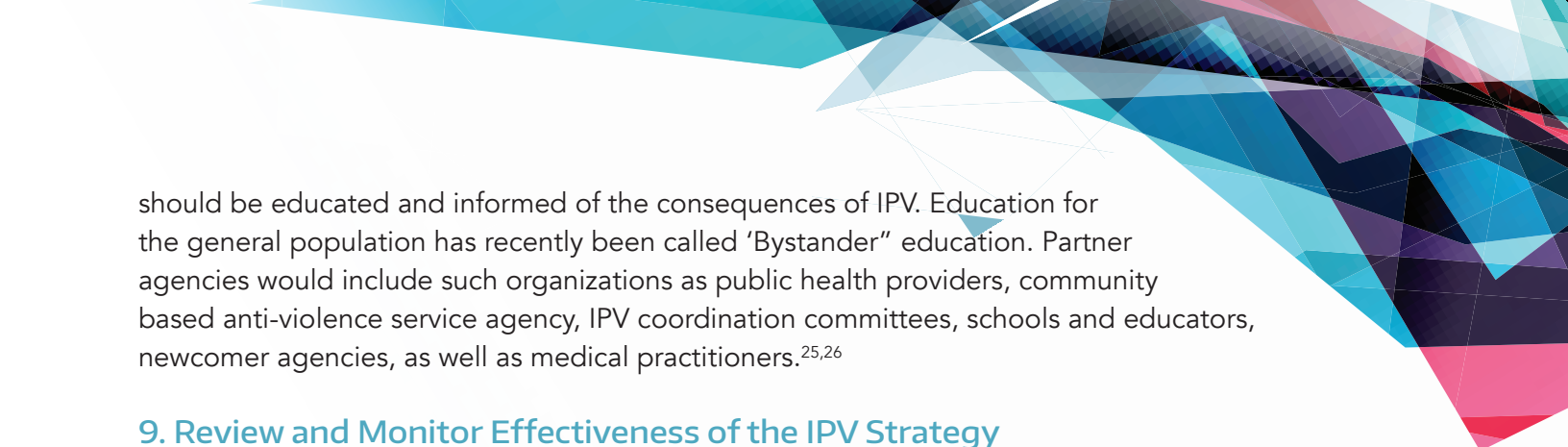
A standard set of risk assessment tools should be developed so that everyone is sharing consistently from response to courts. See Section 8 of the Investigation Guidelines for Canadian Police Services on page 16 for examples of risk assessment tools.

### 7. Provision of Offender Management and Treatment

Enforcement strategies should be balanced with immediate offender management that includes support, housing, and counselling for the offender to prevent re-offending. Recent programs in this area include the Sudbury Police Services' program Before Everything Escalates Program (BEEP) and Calgary Police Services' High Risk Management Initiative (HRMI), Partner, Assault, Response Program (Ontario) and Inter Agency Case Assessments Teams (ICATs) in BC. The recent implementation of specialized domestic violence courts also supports this approach.<sup>22,23,24</sup>

### 8. Prevention and Public Education of IPV

All comprehensive responses to IPV should also include a prevention strategy that focuses on populations at risk as well as strategies to encourage people to speak up about IPV, to speak up about abuse and violence when they see it. At-risk populations that may become victims or offenders



should be educated and informed of the consequences of IPV. Education for the general population has recently been called ‘Bystander’ education. Partner agencies would include such organizations as public health providers, community based anti-violence service agency, IPV coordination committees, schools and educators, newcomer agencies, as well as medical practitioners.<sup>25,26</sup>

## 9. Review and Monitor Effectiveness of the IPV Strategy

All IPV response strategies should have some built-in measures of effectiveness. Agencies should establish key performance indicators and corresponding measurements to assess the effectiveness of their strategy. Examples may include a reduction in repeat calls for service to victim and offenders, targeted education for vulnerable populations, increase reporting for non-physical domestics, etc. This could include ongoing case self-audits and feedback from community partners. More rigorous evaluations should be periodically performed on the larger ongoing projects.<sup>27</sup>



# Investigation Guidelines for Canadian Police Services

# Investigation Guidelines for Canadian Police Services

Police Services are required to develop and maintain procedures for undertaking and managing investigations into IPV occurrences. Understanding that provinces may have specific legislation and local policy, there are general investigative practices that are widely applicable for example, adapted from the Alberta Domestic Violence Handbook the section below outlines best practices as they relate to police-specific work<sup>28</sup>. Proactive approaches to collaboration and information sharing can be found on page 9 above or in Appendix A, page 23.

## 1. Communications and Dispatch

Persons who provide communications functions should be trained with respect to context and risk factors associated with IPV occurrence calls for service; all IPV occurrence calls should be given priority even if the call is withdrawn, including calls relating to alleged breaches of bail, probation, or protection orders. Police should respond to the victim's location in all cases, and communications personnel should obtain as much information about the event from the victim as is possible if it is safe for the victim to do so, and provide all background information to responding officers.

## 2. Initial Response Procedures

Follow Police Service policy regarding entry into residence (and officer safety) to check on the welfare of a person or 911 hang-up call. Upon arrival: ensure officer and all involved parties' safety, separate the parties, if necessary assist any party in obtaining medical assistance, and locate children at the scene and ensure they are provided with appropriate support/assistance. Preserving life and reducing further harm and victimization are the primary responsibilities of police. Preserve evidence, make detailed notes, including the actions, utterances and injuries of all parties involved; submit a detailed occurrence report for every IPV occurrence regardless of whether any charges are laid or an offence alleged, and enter the information on the Police Service's information system for future reference. All officers responding to an IPV occurrence should complete their local/provincial mandated risk and threat assessment report. If police are unable to justify immediately entering the residence to check on the welfare of a person pursuant to their Police Service policy, they can refer to any provincial legislation that may allow or expedite entrance.

## 3. Conducting a Comprehensive Investigation

The following should be completed with every occurrence of IPV.

### A. Victim

Acquire a detailed statement if possible based on the individual's literacy level or language; have photographs taken at initial response and 2-3 days later; seize any relevant evidence; detail any injuries (consider medical assessment and treatment, if sexual assault-consider sexual assault examination kit); complete Consent for Release medical form; and complete provincial risk assessment tool (if mandatory). Notify that charges will be laid or recommended, consider peace bond or other civil protection orders if charges not laid, provide victim with their name, phone number and file number and list of victim service agencies in community. Where services are available, victim support should be provided in a safe environment as soon as possible. See Section 5 below, Interviewing Procedures, for further information as well as Appendix A, page 22 Trauma Informed Response.

## **B. Offender**

Locate and arrest (if applicable) or request warrant; conduct cautioned statement; photograph and seize evidence from offender; search previous IPV police reports and conduct primary aggressor assessment (see Section 7: Dual Charging on page 16).

## **C. Witnesses**

Acquire a detailed statement from all witnesses including children and canvass neighbours.

## **D. Children**

In the event that children were involved or exposed to violence, contact Child Protection Services (Child Welfare). If applicable, acquire statements to obtain background on child custody/access orders; note age/relationship of the children to the victim and/or offender; and discuss any current or future Family Law orders/actions.

## **E. Scene**

Photograph any property damage and note the general location; seize any relevant evidence (ripped clothing, damaged property, etc.).

## **F. 911/Emergency Operational Communication**

Request any communication recording.

## **G. Firearms/Weapons**

Seize weapons/firearms if used or threats thereof; seize licensing documents (if applicable); have the Canadian Firearms Centre flag the offender; consider or recommend an application for firearms prohibition; and gather information to obtain warrant if weapons/firearms not seized initially. Also see Firearms Section 12, page 19.

## **H. Referrals**

Contact Victim Services, Women's Shelter, and any others community supports specific to jurisdiction and needs of those affected, keeping in mind the different needs of individuals of different genders, gender identities, cultures, etc. Provide victims with lists of victim services and arrange for the victim or representative to be accompanied to the dwelling to prevent any breach of the peace in consideration of the threat level identified in risk assessment. Ensure victim is transported to a safe location. See Referrals to Community Based Victim Assistance Programs and Resources in Appendix A, page 25 for more information.

## **I. Judicial Interim Release (JIR) Process (Prepare Bail package)**

Consider bail revocation, remand, or release with conditions; address firearms; and inform victim of results.

## **J. Canadian Police Information Centre (C.P.I.C) Entries**

Add Warrant in first instance (if applicable); Special Interest Police (SIP); any probation, family court orders; add caution "IPV" (Intimate partner violence), ensure complete list of release conditions are listed; note any addresses of interest including addresses listed on the recognizance of bail.

### **K. Specialized Team, Family Violence Unit Coordinator/Supervisor**

Consider contacting for guidance – always inform supervisor. In small communities with no access to specialized teams, an officer should be specially trained to provide case-by-case assistance to investigators. As well, community partner agencies may also provide support and mentoring to police.

### **L. Documentation**

Detailed notes should include actions, utterances, injuries, and all observations at the scene.

## **4. Children Exposed or at Risk**

The procedures should include a direction that the child protection services are contacted in every case where children are involved and have been exposed to IPV either directly or indirectly. Children exposed to IPV can vary in how they are affected and may require gender and culturally-sensitive intervention and supports.

## **5. Interviewing Procedures**

Consider acquiring statements from: person(s) who reported occurrence to police communications, neighbours, family members, emergency personnel, children (where appropriate); and any other person who observed or heard the incident.

### **A. Method of Interview**

Witnesses should be interviewed separately from one another and directed not to discuss the events among themselves; interpreters (non-family member) approved by victim should be utilized when necessary to obtain a full account of the incident; members should obtain a handwritten statement (pure version) from the witness based on literacy level and language, followed by Q&A recorded on the statement to obtain a full account of the witness's recollection of the events; and have witnesses/victims review and sign their statement. Because of the nature of this particular kind of trauma, all efforts to ensure a "friendly" interview must be taken. If the witness is unable to provide a written statement, the member may record the statement of the witness, have the witness review the statement, confirm it is accurate, and sign/initial the statement (even if it is recorded in the member's notebook). In cases where a child has witnessed the incident, or is a victim of an offence, all efforts to ensure a "child friendly" interview must be taken. Where possible, the interview should be videotaped pursuant to s.715 (CCC).<sup>1</sup> so that it can be used in evidence.

### **B. Sworn Video Recorded Witness Statements**

The Police Service procedures should address obtaining sworn video recorded witness statements, in accordance with the KGB (*R v B. (K.G.)*, [1993] 1 S.C.R. 740) guidelines, from the victims(s) and offenders in cases involving victims at high risk for future violence.

## **6. Charge Policy**

Police Service policy should include a statement regarding the requirement to lay charges when a comprehensive investigation reveals reasonable grounds to believe that an offence has been committed and noted as IPV on the police records management system. If reasonable grounds exist to lay a charge, every reasonable effort is made to locate and apprehend the offender if the offender



is not present when the police arrive; subsequently obtaining a warrant if unsuccessful. Once obtained, the warrant should be entered on the Canadian Police Information Centre (CPIC) as soon as practicable (no later than 24 hours following the issuance of the warrant); and where resources are available, locating the accused and executing the warrant should be assigned to an investigator.

## 7. Dual Charging

It is recommended that Police Service policy and procedures include a statement regarding the importance of determining which party is the principal or dominant aggressor and lay charges against that individual when a comprehensive investigation reveals reasonable grounds to believe that an offence has been committed.

The following should be considered:

- distinguishing assault from defensive self-protection; recognizing abusive behaviors/ characteristics;
- recognizing victim behaviours/characteristics;
- determining the context of relationship to assist in identifying abusive partner;
- ascertaining injuries consistent with victim;
- establishing injuries consistent with offender; and
- consultation with the local Crown Prosecutor prior to charging both parties.

Police Service policy should include a requirement to consult with a supervisor prior to laying a charge against a victim in an abusive relationship or prior to laying a dual charge. It is understood this is impacted by provincial legislation and local practices and that dual charging is complex and requires close examination.

## 8. Risk Assessment

Investigation and case management should be informed by intimate partner violence risk assessment. The primary goal of violence risk assessment is to prevent further violence; that is, to manage and minimize any risks posed by the individual. Risk assessment should therefore generate ideas about the monitoring, managing supervision, and treatment of offenders, and safety planning for victims. Those conducting risk assessments should employ valid and defensible risk assessment tools or guidelines. Several such tools exist in Canada, including the Spousal Assault Risk Assessment Guide, Version 3 (SARA-V3), the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER), the Ontario Domestic Assault Risk Assessment (ODARA), BC Summary of High Risk in Domestic Violence, and the Domestic Violence Risk Appraisal Guide (DVRAG). Regardless of what risk assessment instrument is employed, risk assessments should *include* factors that are supported in the empirical or professional literature.

Training and awareness should be provided to those conducting risk assessments to understand that: (a) risk assessment is complex; it is not simply a matter of checking boxes and summing up scores; and (b) the dynamics of intimate partner violence are unique and must be understood to properly evaluate risk.



Those conducting risk assessments should do so in a collaborative way and consider multiple sources of information and multiple methods. Possible sources of information include the offender, the victim(s), other collateral informants, correctional file information, criminal records, those working with victims, child protection, mental health reports, etc. Methods may include the use of direct interviews, telephone contacts, data base searches, file review and/or via collaborative meetings with local cross sectoral partners. Evaluators should aspire to review as much information as possible before rendering opinions about risk and risk management.

Although it is extremely important to incorporate victim information into a risk assessment, such information is sensitive and should not be disclosed to the offender. *The safety of the victim should always be paramount.* The evaluator (investigators) should also be aware that a number of victim barriers exist that might compromise the reliability of information provided. See Appendix A, page 27 for more information on barriers faced by victims.

Most risk assessments will focus on a primary victim. However, it is important to consider that multiple potential victims could exist including the primary victim's children, family members, employer, service providers, or past, new and future intimate partners.

## 9. Bail Procedures

Policy or procedure shall include the release of an accused in IPV cases. **Prior to considering release:**

- Complete any mandatory provincial risk assessment tool;
- Obtain a criminal history, history of substance usage and mental illness (especially previous suicide ideation) of the offender;
- Determine whether there are outstanding charges;
- Review current and previous court orders;
- Determine whether there is a history of compliance with release conditions;
- To insure the victim feel empowered by being part of the process;
- Inquire as to the victim's opinion on the likelihood that the offender will obey a term of release, particularly a no contact order; and
- Inquire as to whether the victim fears further violence and the basis of that fear. Victims may minimize, misinterpret, or deny risk factors; however, victims rarely over state risks and fears.

### A. Bail Hearing

When the investigator has determined that a denial of release is appropriate: members speaking to bail in IPV ensure they are familiar with the relationship dynamics so that they can provide the appropriate submissions to the Justice of the Peace; notify the victim of the date and time of the bail hearing; request no-contact (obtain 515(12) order if bail denied); ensure rationale for denial of bail clearly set out in police report; and the recommended conditions are clearly set out in police report should bail be granted based on agreed risks.

Police are responsible for notifying the victim of the outcome of the bail hearing (whether bail adjourned, bail denied, or bail granted) and first court date.

## B. Release from Custody

Where the accused will be granted release, the following release options are **INAPPROPRIATE** in most situations due to an absence of conditions to protect victims: Summons (to Court); Appearance Notice; and Promise to Appear, alone, *unless accompanied by an Undertaking with appropriate safety and enforcement conditions*. If the accused is released by police, police are responsible for notifying and informing the victim as soon as possible of the conditions of release of the offender.

When the accused is being released from custody, consider the following as conditions on release:

- No contact, directly or indirectly or through any form of electronic communication, with the victim, children, or other specified person(s).
- Geographical area restrictions of any specified places such as the victim's residence, place of work, children's schools, day care or child care provider.
- Abstaining from consuming alcohol or other intoxicating substances or drugs, except in accordance with a medical prescription.
- Prohibition from possessing firearms, and surrendering any license, registration certificate or authorization for firearms.
- Reporting at specified times to probation, a peace officer, or other designated person.
- Any other conditions as appropriate to the individual case (consult the victim, following the procedure in place in your region).
- Random curfew checks by police on offender and in case of very high risk offender and where resources pertain, surveillance.

## C. Preparing For Crown and Court

Prepare a complete package for the prosecution (including photos); ensure personal information (addresses/contact info) is highlighted to be redacted by the Crown or if police prepare defense disclosure, redact all personal information that might allow the accused to find the victim; advise victim of release conditions/bail status; advise the victim of the first appearance date; advise victim of right to submit a Victim Impact Statement and Request for Restitution, if appropriate; link with local support services including court preparation – Victim Services Unit (if available).

## 10. Effective Case Management

Should include any provincial mandatory risk assessment tool, provincial protection orders, any provincial mandatory child services notification, victim safety planning, canvassing/linking community supports, include any provincial/local high risk/repeat offenders units (access physical surveillance, electronic interception, etc.), consultation with crown of jurisdiction (to assist with any Long-Term or Dangerous Offender applications).

## 11. Monitoring and Supervision

Establish requirements for supervisors to monitor and ensure compliance with policy and procedures. Consideration of the designation of an IPV coordinator/case manager who will be responsible for: offender management, monitoring the response to IPV or DV, evaluating follow-up to IPV cases; liaising with the Crown Prosecutor, Probation, Parole Services, and community representatives.

## 12. Firearms

Follow the Police Service procedures on responding to occurrences involving firearms, regardless of whether any charges are laid. When responding to IPV calls, officers shall determine by means that are available to them (provincial databases, CPIC or asking the victim and offender in the absence of a Firearms registry): if firearms are located in the residence or are accessible to the party making the threats; where firearms are present or accessible; determine whether there is compliance with the sections of the *Criminal Code* and *Firearms Act* relating to safe storage of firearms; where appropriate, seize firearms and related documents with a warrant or without warrant in exigent circumstances in compliance with the *Criminal Code*; where appropriate, obtain prohibition as a condition of bail in compliance with the *Criminal Code*; and obtain a prohibition order for use and possession of regulated weapons.

## 13. Occurrences Involving Police Members

Procedure sets out the steps to be followed when an IPV occurrence involves a member of its own Police Service or another Police Service; ensuring compliance with Police Services Act.

## 14. Criminal Harassment (Stalking)

Criminal harassment, which includes 'stalking', is a crime. While many crimes are defined by conduct that results in a very clear physical outcome (for example, murder), the offence of criminal harassment prohibits deliberate conduct that is psychologically harmful to others. Criminal harassment often consists of repeated conduct that is carried out over a period of time and that causes its targets to reasonably fear for their safety but does not necessarily result in physical injury. It may be a precursor to subsequent violent and/or lethal acts.

Criminal Harassment includes:

- Repeatedly following from place to place the other person or anyone known to them;
- Repeatedly communicating with, either directly or indirectly, the other person or anyone known to them;
- Besetting or watching the dwelling-house, or place where the other person, or anyone known to them, resides, works, carries on business or happens to be; or
- Engaging in threatening conduct directed at the other person or any member of their family.<sup>29</sup>


## 15. Criminal Proceedings Against the Victim

Only in egregious cases or complaints that have been made with malicious or vexatious intent should police consider pursuing charges such as public mischief. It is recommended that Police Service policy

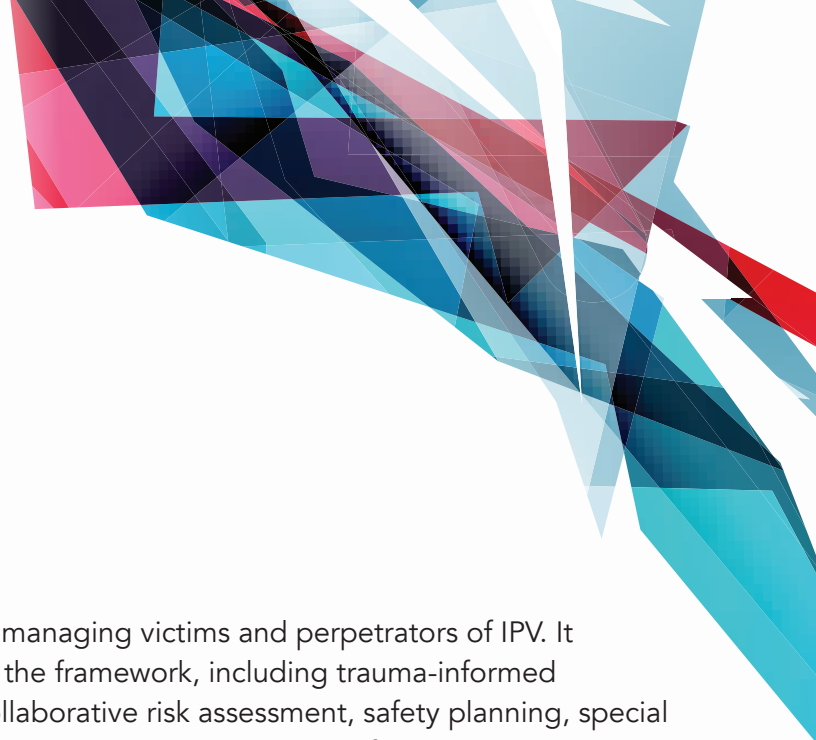
include a statement advising caution when considering laying charges against the victim in an abusive relationship as charges against a victim can be considered as re-victimizing the victim. There are circumstances where both discretionary and non-discretionary charges are appropriate i.e. public mischief versus breach of a court order. Police Service policy should include a requirement to consult with local crown prosecutor prior to laying a charge against a victim in an abusive relationship.

#### Final Note

This framework provides guidelines to be used among police agencies and community partners. It is not intended to be exhaustive, but instructive based on evidence-based research, subject matter experts and, promising practices. The appendices are offering useful information in regards victims and perpetrators management as well as resources. The resources appendix will remain the living part of this framework available on line through CACP.



Appendix A:  
**Managing  
Victims and  
Perpetrators of IPV**



# Appendix A: Managing Victims and Perpetrators of IPV

This section reviews practices in responding to and managing victims and perpetrators of IPV. It elaborates on key principles referred to throughout the framework, including trauma-informed response, collaboration and information sharing, collaborative risk assessment, safety planning, special considerations for certain groups, and offender management. Online resources for most sections can be found in Appendix B.

## Trauma Informed Response

An effective trauma informed police response involves promoting trauma awareness in all police response, training, protocols and memorandums of understanding. Such knowledge will produce a more thorough investigation of the potential crimes the victim has encountered and also decreases the potential for further harm. Understanding trauma better prepares police officers to assist trauma victims, and decrease the potential for re-victimization and further harm.

Trauma is complex and therefore requires individualized action plans that take into account power dynamics within the family that are shaped by various factors such as gender, culture, religion, socio-economic background, and ethnic background. An individual's response to trauma is also affected by the individual's environmental context, such as their emotional, social, and physical well-being. Therefore individuals widely vary in how they experience and express traumatic stress.

In addition to these characteristics, response to trauma must also consider why families experiencing IPV avoid authorities, are reluctant to report, withhold information, isolate themselves and self-medicate as a means of coping.

### Key elements of a Trauma Informed Police Response

- Approach every step with an awareness of how it will impact victims:
  - Individuals widely vary in how they experience and express traumatic stress.
  - Recognize that trauma-related symptoms and behaviours originate from adapting to a traumatic experience.
- Specifically ask about the impact of the violence on self and family, ways the individual has changed, feelings or thoughts about emotional well-being.



- View the individual in the context of their environment. Environmental factors greatly influence one’s emotional, social, physical well-being.
- Collaborate with community partners and organizations:
  - Use advocates, offer resources and referrals based on the victim’s needs and abilities; some victims will need a referral or other information. See the Collaboration and Information Sharing section below.
- Provide information to the victim about the effects of trauma and abuse – normalizing the ways that the mind and body respond to stress and pressure can help counter the belief that these reactions are signs of weakness/personal failing.
- Understand processes may trigger traumatic memories.
- Respond in a manner that avoids re-victimization.
  
- Reflect on own reactions to violence.
- Promote trauma awareness and understanding throughout the organization.
- Prevention, intervention and treatment integration that target the individual and the community at all levels.
- Sensitivity to the background of the family/individual:
  - Consider typical trauma expression, emotional regulation, emotional expression, including who it is appropriate to express emotion to.
  - Ensure careful use of interpreters.

**See Appendix B, page 35 for online resources**

The principles and practices outlined in the national framework are intended to reflect current practices. The national framework is a ‘living’ document providing content that can be updated accordingly as laws and practices surrounding IPV and evidence-based research evolve.

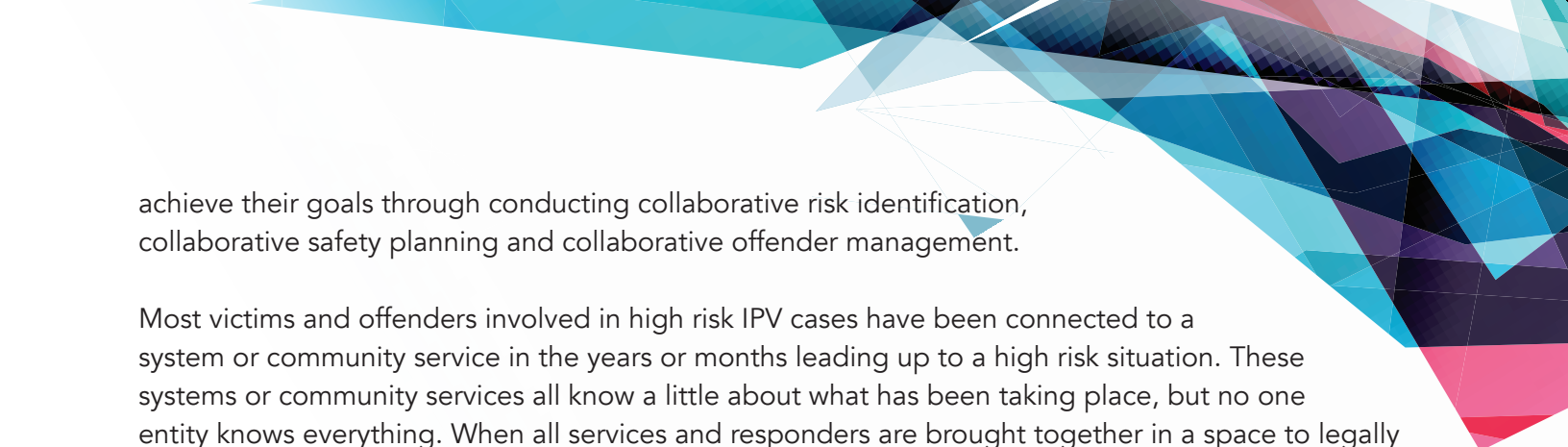
## Collaboration and Information Sharing

It is widely accepted that the most effective way to achieve victim safety is by working collaboratively across all responding sectors:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• police;</li> <li>• child welfare;</li> <li>• anti-violence programs including community based victim support, outreach and women’s shelters;</li> <li>• system-based victim services;</li> <li>• corrections;</li> </ul> | <ul style="list-style-type: none"> <li>• health and mental health;</li> <li>• offender supports;</li> <li>• Indigenous services;</li> <li>• immigrant and refugee services; and</li> <li>• others, depending on who is connected to the family</li> </ul> |
|---|---|

Many communities have been setting up cross sector teams that operate at a local level to address the safety needs of high-risk IPV victims, their children, and the community as a whole. These teams





achieve their goals through conducting collaborative risk identification, collaborative safety planning and collaborative offender management.

Most victims and offenders involved in high risk IPV cases have been connected to a system or community service in the years or months leading up to a high risk situation. These systems or community services all know a little about what has been taking place, but no one entity knows everything. When all services and responders are brought together in a space to legally and ethically share information, a much clearer picture emerges about the extent of the risk, what is needed for safety planning, and what can be done to manage the offender.

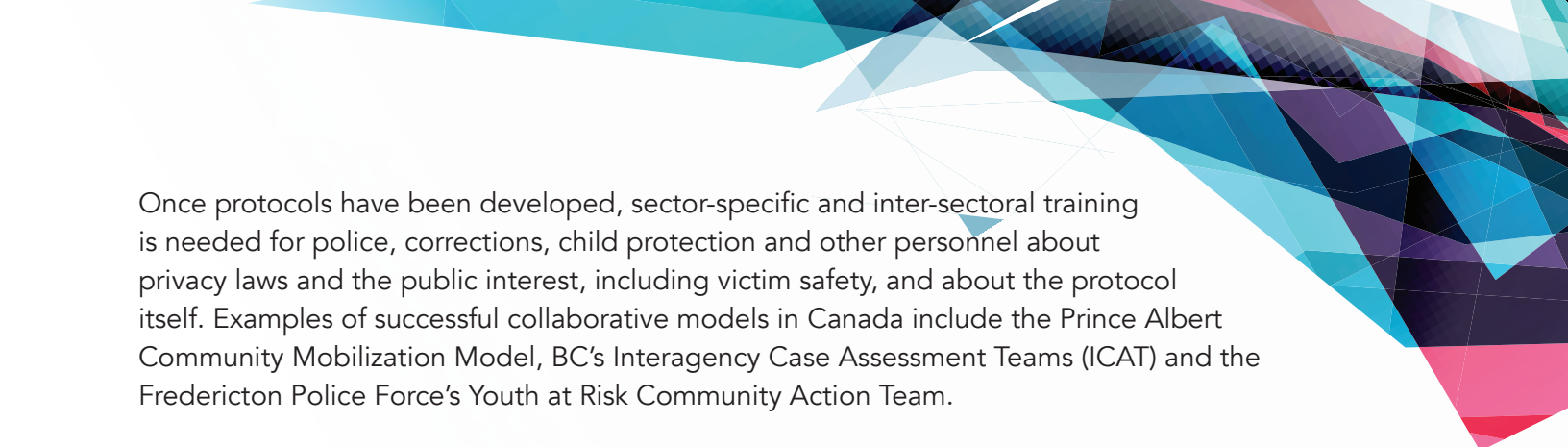
This kind of collaboration is emerging as a best practice, and contributing greatly to police intelligence in high risk IPV cases, and assisting law enforcement in responding to and managing potentially lethal situations.

Release of personal information in IPV cases is a complex issue involving victim and offender privacy rights and victim safety needs. Such a complex issue, where victims and others are at risk, requires commitment on the part of all those involved to develop an effective response and to work together to develop a consistent, coordinated protocols to guide the sharing of information to maximize victim and public safety.

Consent is generally required before personal information regarding a victim, offender or involved family members can be shared with other agencies. If possible and if it is safe to do so, and it won't compromise victim safety strategies being formulated, every effort should be made to obtain written consent from the victim and the offender before disclosing personal information to other agencies. However, **applicable privacy laws and Freedom of Information and Protection of Privacy Acts allow personal information to be shared without consent in certain situations, including where there is risk of severe injury or potential homicide.**

Only when all the information is shared can an informed risk assessment be completed, an effective safety plan created, and offender management plan be put in place. Under the federal Privacy Act, there are avenues for release of personal information, including information about criminal records and other risk factors for further violence. However, current interpretations and limited delegation of decision-making can make it difficult for police and others to release information about someone's criminal record quickly in high risk IPV situations. Therefore it is advised that police and other systems in each province seek permission and put into place information-sharing protocols to:

- Enable responders to share critical information to ensure the development of an effective risk assessment, safety plan and offender management plan;
- Clarify circumstances in which information about the offender's criminal record and the family's child welfare history, criminal history, etc. can be disclosed by police to victim support services;
- Identify other information related to risk factors that should be shared; and
- Outline the process to be followed when decisions are made to disclose and what confidentiality undertakings are required.



Once protocols have been developed, sector-specific and inter-sectoral training is needed for police, corrections, child protection and other personnel about privacy laws and the public interest, including victim safety, and about the protocol itself. Examples of successful collaborative models in Canada include the Prince Albert Community Mobilization Model, BC's Interagency Case Assessment Teams (ICAT) and the Fredericton Police Force's Youth at Risk Community Action Team.

See online resources in Appendix B for a fact sheet providing a basic overview of privacy legislation in Canada and links to province-specific legislation.

### Referrals to Community Based Victim Assistance Programs and Resources

In general, effective victim support includes timely, proactive referrals to community based victim support services where they exist, rather than waiting for women to ask for services. These referrals should be based on the individual's unique needs (gender, culture, abilities, etc.).

This involves:

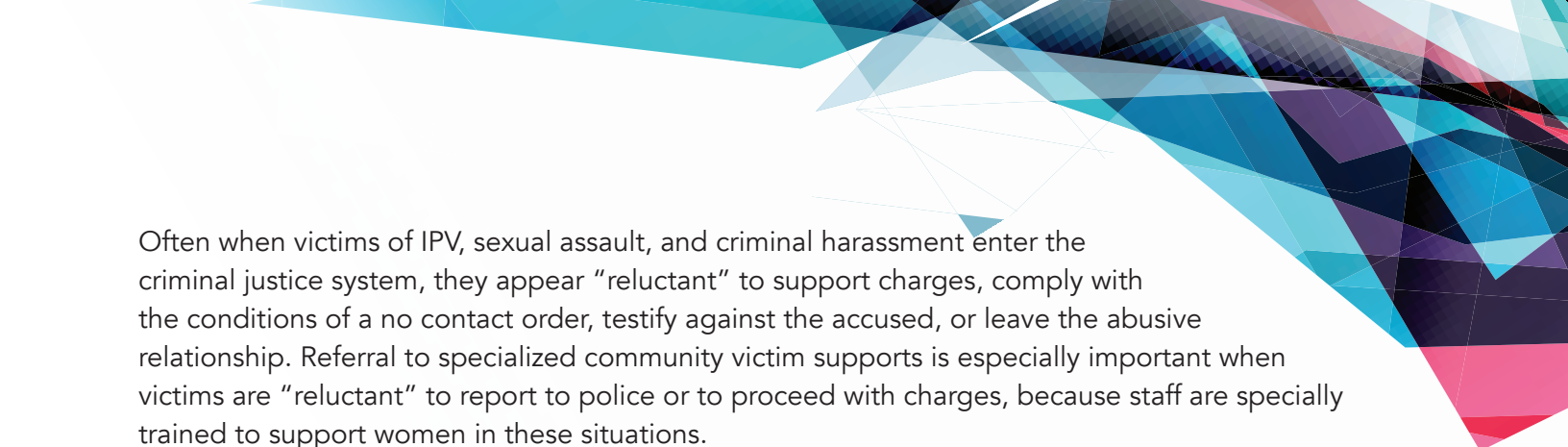
- Proactively informing victim about specialized services;
- Offering to refer victim;
- Helping them understand the value of the referral;
- Contacting the agency on their behalf;
- Offering to accompany them or facilitate their access to the service; and
- Following up to make sure they accessed the service.

Many victims may be too traumatized to make the first connection themselves, unaware of available resources to know what to request or how to access services, or may not be fully aware of the seriousness of their situation. The need for effective referrals extends to victims who are involved in the family justice system, those involved in the criminal justice system, as well as those who are not connected to any system of justice or child protection.

The purpose of referrals are to help ensure that a victim gets speedy access to specialized and sensitive support/advocacy services, and to recognize that linking the victim up with specialized support is a key aspect of safety planning. Historically, there have been two primary barriers to the effective referral of victims to specialized, community based programs: (1) lack of understanding of the importance of referral to community-based programs; and (2) concerns by police and Crown about privacy restrictions on releasing victims' names to community based programs so that they can contact victims.

Cases of IPV, sexual assault and criminal harassment should be promptly referred to these community-based victim support programs in communities where such programs exist. Referring these cases to community-based programs has been demonstrated to:

- Increase the safety of victims and their families;
- Enhance their ability to participate in the criminal justice system; and
- Help to prevent further victimization.



Often when victims of IPV, sexual assault, and criminal harassment enter the criminal justice system, they appear “reluctant” to support charges, comply with the conditions of a no contact order, testify against the accused, or leave the abusive relationship. Referral to specialized community victim supports is especially important when victims are “reluctant” to report to police or to proceed with charges, because staff are specially trained to support women in these situations.

While systems-based victim services provide critical support, the range of support provided to victims by community-based victim supports usually extends beyond the criminal justice system and into advocating for victims across a complex web of many systems including child protection, family law, housing, financial assistance, etc. In addition, many victims of IPV will more readily accept services from an agency that is (and is perceived to be) separate from the justice system.

Community-based victim service programs are often based in community agencies that are distanced from police detachments. They are also mandated to work with victims who may not have reported to police. This gives these programs a unique opportunity to encourage and support reporting to police, as well as to assess safety needs and assist with safety planning.

Referrals to specialized community based victim programs, if they exist, should be made as soon as possible (i.e., next business day). A proactive referral means that police pass a victim’s name on to the specialized community program so that the agency can contact her to offer services. If necessary, the victim should be escorted to the agency or community program, by friends, family or police.

**See Appendix B, page 36 for online resources**

## Collaborative Risk Assessment

An overview of risk assessment is provided on page 16 of this framework. The following section elaborates on the benefits of a victim-informed, collaborative approach to risk assessment.

- Risk assessment is most effective when done within a collaborative framework, including interagency case assessment teams for the highest risk cases.
- The victim’s unique vulnerabilities and risk factors inform strategies which systematically target dynamic (changing) risk and a larger case management plan.
- Where possible, risk assessment should be victim-informed.
  - One of the most significant predictors of re-offence is the victim’s perception of fear although a victim’s lack of fear should not be equated with assumptions of low risk<sup>30,31</sup>.
  - Victims are better at predicting risk than safety – many minimize risk but rarely overstate it<sup>32</sup>.
  - Results of the risk assessment be shared with the victim and used to inform safety planning.
- Coordination and collaboration for highest risk cases facilitates:
  - Shared language regarding risk assessment tool;

- o Risk management plan that (should) clearly spell out responsibilities of monitoring, managing and support of each agency, both to the victim and the offender;
- o Relationship building between sectors, breaking down barriers and preconceptions about roles and responsibilities;
- o Identification of systemic gaps in services and problem solving as they arise;
- o Assumes shared ownership of initiatives, tasks, problem solving, goals and responsibilities<sup>33,34</sup>.
- o Appropriate links to family justice system; and
- o Leadership, resources, monitoring and accountability, protocols and strategies to support partnership, case management.

### Risk Assessment When Children or Others are Involved

During risk assessment for IPV, it is important to consider the safety of the victim as well as any children or others (such as grandparents) in the home. Key steps include:

- Documenting the effects of IPV on the victim, children/others, noting where they were during the violent incident and how they presented during assessment;
- Assessing the child for other forms of child maltreatment;
- Referring the victim and child/others to available victim services, community-based services, and/or community mental health services, as appropriate; and
- Reporting to Child Protection Services (CPS) as per provincial/territorial legislation or when the situation poses a particular risk. When making a referral to CPS, it would be important to advise the victim of the referral in a non-punitive manner and explain the benefits of the referral (e.g., CPS can help to provide supports for families to protect children).

## Barriers Faced by Various Groups

The social isolation experienced by many victims of abuse, particularly those who are already marginalized, acts as a serious barrier to accessing help. Many victims are deliberately isolated from family and friends by their abusive partners. Many are also isolated by shame, fear of censure by their family or cultural community, language issues, or lack of knowledge about services or how to access them. Geographic isolation presents an additional barrier for many victims. Lack of access to services often means lack of information about the nature and dynamics of violence, which leads many victims to stay in violent relationships in the false hope that the offender's behaviour will change without help. Breaking through this isolation presents serious challenges for service providers and the justice system. Although there are similarities in some experiences of IPV, there are also factors that may affect the nature and individual circumstances which should be considered in developing an appropriate response.

The following sections briefly discuss the barriers faced by certain vulnerable groups. Online resources for most sections can be found in Appendix B.

## Indigenous Women

Indigenous women and girls experience higher rates of violence, and more extreme forms of violence, than non-Indigenous women in Canada.

- Indigenous women are over-represented as victims of homicide, representing 4% of the female population, and 16% of all murdered women. The impact of colonization on Indigenous people's sense of identity, belonging and self-worth has created vulnerabilities unique to this group – particularly for women. Many have experienced systemic racism, have scarcity of supportive services, and feel isolated. The history of residential schools has left a painful legacy behind that continues to result in making Indigenous women less likely to rely on authorities for help. Research shows that Indigenous women are fearful of losing their children to child protective services, distrust the police, and all too many are dealing with poverty.
- Geographic isolation is also a significant barrier faced by Indigenous women. Resources and services depend on the type of community they live in (on-reserve/off-reserve)

**See Appendix B, page 36 for online resources**

## Women Who Live with Disabilities

Women living with disabilities have about twice the odds of experiencing IPV<sup>35</sup>, are more likely to be victims of severe situations, including being forced into sexual activity<sup>36</sup>, and are 50 – 100% more likely to face recurring violence<sup>37</sup>. Women who live with disabilities are often not viewed as credible or capable of testifying, particularly women with brain injuries, intellectual, mental health or cognitive-based disabilities.

Some unique barriers/vulnerabilities include dependence of care, and stress that triggers or worsens symptoms and decreases abilities, and fear of being institutionalized.

**See Appendix B, page 36 for online resources**

## Immigrant and Refugee Women

Immigrant and refugee women who experience IPV face unique barriers and challenges that affect their ability to access services and supports. It is important to consider that immigrant and refugee women may be less likely to report experiencing IPV due to:

- Cultural/community values: In some cases immigrant and refugee women reside close to or within a neighbourhood with others in their cultural community. In these cases they may fear reporting IPV in fear of rejection, threats or isolation from their community.
- Language barriers: For new immigrants and refugees this may pose several challenges if they cannot speak English or rely heavily on their community to learn, manage, etc.
- Lack of knowledge concerning Canadian laws and policies and/or direct threats by the offender. Many immigrant and refugee women fear deportation, and worry that any involvement with authorities will jeopardize their citizenship status. In these particular types of cases, it becomes essential to provide legal information from a credible source outside (possibly inside as well) of their community.



- Some immigrants and refugees, in addition to the trauma suffered from IPV, may also experience pre- and post-migration trauma. In cases dealing with immigrant and refugee women it is imperative that an interpreter is provided to both increase the amount, and accuracy of information as well as increase the comfort level for women.

**See Appendix B, page 36 for online resources**

### Older Women

Older women represent a growing population with great diversity.

- Older women are three times more likely than older men to experience IPV.
- It would be important to consider that older women may have been subjected to multiple, overlapping experiences of violence and abuse (ongoing, inter-familial, inter-generational).
- These women may be very adept at managing the abuser, rationalizing and minimizing the abuse.
- They may not be comfortable reporting to police, particularly for cases of sexual violence, and may have a fear of authority.

**See Appendix B, page 37 for online resources**

### Sex Workers

- In IPV cases where the victim is being abused by a partner who is their pimp– consider exploitative nature of relationship (which could lead to considering human trafficking charges).
- Victim may not appear or express that they are being victimized for various reasons, including “trauma-bonding” with a pimp/trafficker, isolation, lack of social supports, lack of other economic options.
- Victim may have had previous negative experiences with police, or fear being charged with prostitution-related offenses.

To date many of the responses to violence against sex workers has not been informed by sex workers. More research in this area will help identify the distinct nature of vulnerabilities in this area. What is known, however, is that there is significant stigma, discrimination and exclusion against sex workers that acts to silence them. There is also a need to keep their sex worker status secret when accessing services for fear of being outed and judged. Given the fear of sex workers that how they make their money will be discovered, and that they will be judged harshly and not treated with respect and compassion, it is imperative that safety planning mitigate risk as identified by the sex worker themselves to avoid unintended harms, and increase the potential of reporting.

**See Appendix B, page 37 for online resources**

### Younger Women

- Young women aged 15-24 years are at high risk of experiencing IPV/dating violence.
- Sexual violence is a particular concern – and requires sensitive responses that do not risk isolation/revictimization.
- Consider issues related to healthy relationships, consent.

- Responses should be gender/culturally sensitive, nonjudgmental, prevent victim blaming.

Many young women lack knowledge of intimate partner violence, warning signs, and an understanding of what constitutes consent for sex. This is a case where proactive policing and community efforts can yield the best results for all involved. Providing information for young people through the education system can increase their awareness and access to information about resources in their community. Knowledge and education that provides the message that IPV is not a result of their behaviour will hopefully empower women. In these formative situations it is essential that those in authoritative positions respect the intelligence and decision making capabilities of young women, and to not judge or discipline her for coming forward, or for her past actions.

**See Appendix B, page 37 for online resources**

### The LGBTQ Community

- Lesbian and bisexual victims are three times more likely to report spousal violence.
- 65% of transgender people in a recent national survey indicated they had experienced IPV.

Half of Transgendered people have experienced sexual violence and 25% catastrophic discrimination involving three or more of the following factors<sup>38</sup>:

- physical assaults,
- sexual assault,
- loss of employment,
- eviction,
- homelessness,
- loss of relationship,
- denial of medical services,
- dropping out of school because of severe bullying, and
- incarceration because of gender identity or expression.

Unique vulnerabilities to widespread homophobia and transphobia is a barrier to reporting. The LGBTQ community can be very small and therefore reporting IPV can create isolation.

Men in same-sex relationships may not want to report IPV to police due to shame, fear of police reaction, fear of ridicule

Unique to individuals living with IPV in this community is the fear that the abuser will inform others of their relationship (which would reveal their sexual orientation). Research has also shown that the rates of suicide for individuals from this group living with IPV are high.

Further creating challenges for safety planning, there is not a large amount of accessible and appropriate services for the LGBTQ community (particularly for Transgendered).

**See Appendix B, page 37 for online resources**

### BARRIERS FACED BY VARIOUS GROUPS

National Framework for Collaborative Police Action on Intimate Partner Violence (IPV)



## Children & Family

- Children have emotional ties to each parent and are often threatened to keep the abuse secret. They may have ambivalent feelings about one or both parents and may also have a threatened sense of security.
- Both direct and indirect exposure to IPV can result in a range of psychological, behavioural and social effects on children, including:
  - o depression,
  - o guilt,
  - o aggression,
  - o alcohol and drug use,
  - o distorted attitudes toward violence,
  - o difficulty concentrating,
  - o isolation, and
  - o difficulty trusting.

However, there are a number of factors that may help to reduce the impact of exposure to IPV. For example, children who have at least one strong, caring relationship with a responsible adult, a community safe haven, or strong personal internal resources (resilience), generally fare better than children who do not have such factors present.

## Considerations on Dual Arrest Policies and Implications for Children

- Making a dual arrest in IPV cases is usually problematic; it is important to consider the impacts of this practice – both on the victim and the child.
- Dual arrest may prevent a victim from seeking help, which could potentially lead to further exposure to IPV and serious related consequences, especially for children involved. In some cases, charges against the primary aggressor may be dropped if the spouse is also charged.
- Dual arrest policies can also result in children being placed in child protective care even when the mother has a long history of strong, loving and protective parenting. This separation of mother and child can increase the child's anxiety and insecurity and lead to further health or behavioural issues. Due care, strong primary aggressor assessment and supervision should always be sought before any such charges be considered.

## Consideration for Child Protection Services Referrals

- Policies requiring referral of all IPV cases involving children to child protection services (CPS) can have unintended consequences;
- Not all children exposed to IPV are at risk or experience problems<sup>39</sup>;
- Files are being opened on individuals who are poor, living with a mental health related illness etc.;
- Individuals are at risk of losing their children because they cannot control their abusive partner;
- CPS is overloaded; and
- There is the risk of re-victimization.

Positive consequences of CPS referral are:

- Providing help for the children;
- Promoting consistency; and
- Police are not adequately trained to assess impact.

See Appendix B, page 38 for online resources

## Offender Management

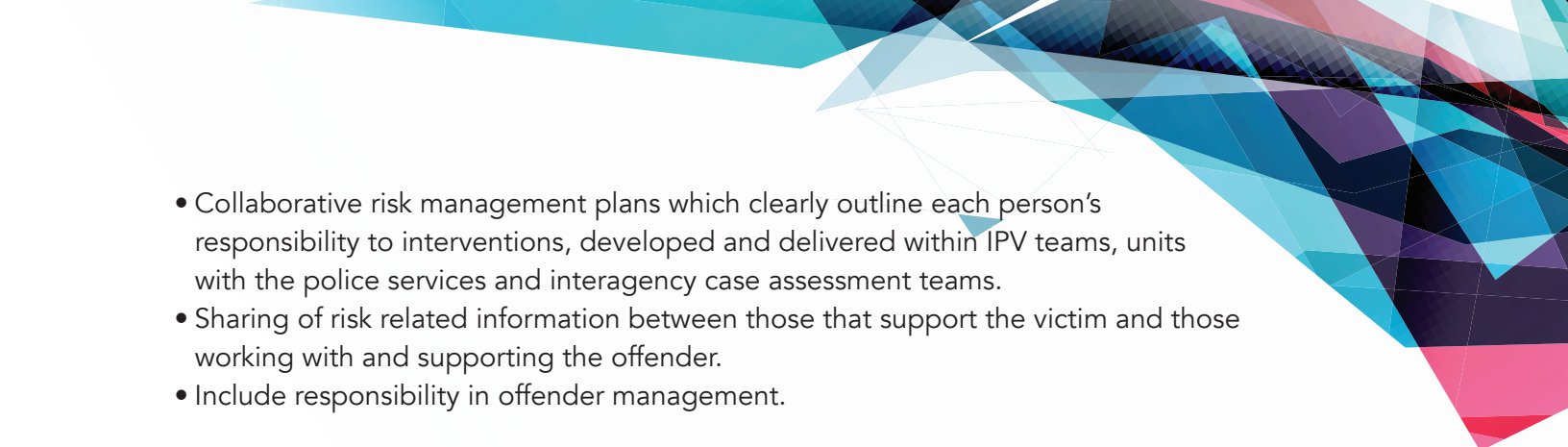
There is considerable debate about how to intervene with IPV offenders; whether to employ more psychological approaches, change arrest policies, develop culturally specific programs, shorten programs, disregard a gendered analysis and whether to look at high conflict couples.

The following is known about how to intervene with IPV offenders in a way that keeps victims safe:

- For about 2/3rds of men arrested for an IPV related incident, there is no subsequent incident of physical violence over the following 6 – 12 months<sup>40,41,42</sup>;
- Longer periods of non-violence bode well for most couples;
- Emotional and psychological abuse also tends to decrease over time for the majority of couples<sup>43</sup>;
- Among men who re-offend, there is a subgroup (10 -15%) who are:
  - chronic and repeat offenders,
  - likely to cause their partners the highest level of physical injury,
  - likely to pose the greatest threat to women’s lives, and
  - overlap with the general criminal population;
- We know about static risk (history, unchangeable) and are learning more about dynamic risk (changeable);
- We know that while the Risk Needs Responsivity model is not specifically designed to address IPV, the principles hold:
  - Risk – higher intensity services for higher risk offenders;
  - Big four dynamic risk factors: Antisocial cognitions specifically related to domestic violence include jealousy and possessiveness, disrespect of women, disrespect of legal authority, and minimization or denial of abusive behaviour;
  - Moderate four: substance use, recent separation, change in contact with children, and high rates of stress as a result of conditions such as unemployment, financial stress, loss of job; and
  - Responsivity – how the offender is most likely to succeed, learning style, motivation to change etc.

### Best Practices

- Match intervention with identified and assessed dynamic risk factors.
- Intervention delivered in a manner that enhances the offender’s willingness to engage in treatment.
- Provide the most intervention to the highest risk offenders more quickly, including supports and therapeutic services addressing dynamic risks and historical victimization/trauma where indicated.

- 
- Collaborative risk management plans which clearly outline each person’s responsibility to interventions, developed and delivered within IPV teams, units with the police services and interagency case assessment teams.
  - Sharing of risk related information between those that support the victim and those working with and supporting the offender.
  - Include responsibility in offender management.

**See Appendix B, page 39 for online resources**



Appendix B:  
**Online Resources**

# Appendix B:

## Online Resources

### Online Resources

#### Resources for Police

A Domestic Violence Handbook for Police and Crown Prosecutors in Alberta. Government of Alberta. 2014.

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A Handbook for Police and Crown Prosecutors. Department of Justice Canada. 2012.

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New Directions in Community Safety: Consolidating Lessons Learned about Risk and Collaboration. Ontario Working Group on Collaborative, Risk-Driven Community Safety, Ontario Association of Chiefs of Police. 2014.

[http://www.oacp.on.ca/Userfiles/StandingCommittees/CommunityPolicing/ResourceDocs/OWG%20The%20Ontario%20Working%20Group\\_6.pdf](http://www.oacp.on.ca/Userfiles/StandingCommittees/CommunityPolicing/ResourceDocs/OWG%20The%20Ontario%20Working%20Group_6.pdf)

Specialized Domestic Violence Courts: Do They Make Women Safer? H. Johnson, J. Fraser. University of Ottawa. 2011.

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[http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/pol/spo\\_e-con\\_a.pdf](http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/pol/spo_e-con_a.pdf)

World Report on Violence and Health. World Health Organization. 2002.

[http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/](http://www.who.int/violence_injury_prevention/violence/world_report/en/)

#### Trauma-Informed Response

Trauma-Informed Approaches: An Introduction and Discussion Guide for Health and Social Service Providers. Government of Nova Scotia. 2015.

[http://novascotia.ca/dhw/addictions/documents/TIP\\_Discussion\\_Guide\\_1.pdf](http://novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_1.pdf)

Recognizing and Responding to the Effects of Trauma. Government of Nova Scotia. 2015.

[http://novascotia.ca/dhw/addictions/documents/TIP\\_Discussion\\_Guide\\_2.pdf](http://novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_2.pdf)

Trauma-Informed Practice in Different Settings with Various Populations: A Discussion Guide for Health and Social Service Providers. Government of Nova Scotia. 2015.

[http://novascotia.ca/dhw/addictions/documents/TIP\\_Discussion\\_Guide\\_3.pdf](http://novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_3.pdf)

Trauma-Informed Practice at the Agency, Interagency and Leadership Levels: A Discussion Guide for Health and Social Service Providers. Government of Nova Scotia. 2015.

[http://novascotia.ca/dhw/addictions/documents/TIP\\_Discussion\\_Guide\\_4.pdf](http://novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_4.pdf)

Trauma Informed Practice Guide. BC Provincial Mental Health and Substance Use Planning Council. 2013.

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Fact Sheet: Privacy Legislation in Canada. Office of the Privacy Commissioner of Canada. 2014 [https://www.priv.gc.ca/resource/fs-fi/02\\_05\\_d\\_15\\_e.asp](https://www.priv.gc.ca/resource/fs-fi/02_05_d_15_e.asp)

Enhancing Safety: When Domestic Violence Cases are in Multiple Legal Systems (criminal, family, child protection): A Family Law, Domestic Violence Perspective. Justice Canada. 2013

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Information Sharing with Partners from the Criminal Justice System. Correctional Service Canada.

<http://www.csc-scc.gc.ca/oms/index-eng.shtml>

Interagency Case Assessment Teams. Ending Violence Association of British Columbia.

<http://endingviolence.org/prevention-programs/ccws-program/interagency-case-assessment-teams-icats/>

Prince Albert Community Mobilization Model <http://www.mobilizepa.ca/>

## Online Resources: Indigenous Women

Increasing safety for aboriginal women: Key themes and resources. Ending Violence Association of British Columbia. 2011.

[http://endingviolence.org/files/uploads/boriginal\\_Women\\_-\\_themes\\_and\\_resource\\_May\\_12.pdf](http://endingviolence.org/files/uploads/boriginal_Women_-_themes_and_resource_May_12.pdf)

Abuse is wrong in any culture: Inuit. Department of Justice Canada. 2011.

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Violence against women with disabilities and Deaf women. Centre for Research & Education on Violence Against Women & Children. 2013.

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Safety Planning: A Guide for Individuals with Physical Disabilities. Wisconsin Coalition Against Domestic Violence. 2000.

<http://www.ncall.us/sites/ncall.us/files/resources/Disability%20Safety%20Plan.pdf>

## Online Resources: Immigrant and Refugee Women

If your sponsor abuses you. Legal Services Society of British Columbia. 2013. <http://resources.lss.bc.ca/pdfs/pubs/If-Your-Sponsor-Abuses-You-eng.pdf>

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Abuse is wrong in any language. Department of Justice Canada. 2011.

<http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/culture/index.html>

Sponsorship breakdown. Legal Services Society of British Columbia. 2009. <http://resources.lss.bc.ca/pdfs/pubs/Sponsorship-Breakdown-eng.pdf>

Access to women abuse services by Arab-Speaking Muslim women in London, Ontario: Background investigation and recommendations for further research and community outreach. Centre for Research and Education on Violence against Women and Children. 2002.

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## Online Resources: Older Women

Report on the Standing Committee on the Status of Women: Abuse of older women. Parliament of Canada. 2012. <http://cnpea.ca/en/publications/reports/241-abuse-of-older-women-report-of-the-standing-committee-on-the-status-of-women>

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Silent and Invisible: What's age got to do with it? Society of Transition Houses 2005.

<http://www.bcsth.ca/sites/default/files/publications/BCSTH%20Publication/Women%27s%20Services/1%20Foreward%202up%2016pg.pdf>

Canadian Network for the Prevention of Elder Abuse: <http://www.cnpea.ca/en/>

## Online Resources: Sex Workers

You are not alone: Violence, substance use and mental health. Ending Violence Association of BC. 2009.

<http://www.endingviolence.org/files/uploads/PAVEWorkbook.pdf>

Community Initiative for Health and Safety (CIHS): 'Sex Work Toolkit'. <http://livingincommunity.ca/toolkit/>

PIVOT Legal Society: [www.pivotlegal.org](http://www.pivotlegal.org)

WISH (Women's Information Safe Haven) <http://wish-vancouver.net>

## Online Resources: Younger Women

Violence against young women: Sexual violence awareness. Issue 9. Centre for Research & Education on Violence Against Women & Children. 2014.

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Violence Prevention and the Girl Child. Alliance of Five Research Centres on Violence. 1999.

<http://www.learningtoendabuse.ca/sites/default/files/girlchildreport.pdf>

Healthy Relationships Quiz and a Teens Guide to Safety Planning: <http://www.loveisrespect.org/>

Respectful Relationship Program (R+R), developed by SWOVA, <http://66.240.150.14/intervention/712/view-eng.html>

SexualityandU.ca. *If it happens: If you are a victim of sexual assault.* <http://www.sexualityandu.ca/sexual-health/if-it-happens>

## Online Resources: LGBTQ Community

Intimate Partner Violence (IPV) in Rainbow Communities. Issue 12. London, Ontario: Centre for Research & Education on Violence Against Women & Children. 2015.

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Children Exposed to Violence: A handbook for police trainers to increase understanding and improve community responses. Centre for Children & Families in the Justice System. 2002.

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Parenting programs for IPV offenders – Caring Dads <http://caringdads.org/>

## Online Resources: Offender Management

Integrated Offender Management Impact Analysis. BC Corrections, Performance, Research and Evaluation Unit. Government of British Columbia. 2014.

[http://www.pssg.gov.bc.ca/corrections/docs/IOM\\_Impact\\_Analysis.pdf](http://www.pssg.gov.bc.ca/corrections/docs/IOM_Impact_Analysis.pdf)

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# National framework for collaborative police action on intimate partner violence (IPV)



**DIAGRAM**

National Framework for Collaborative Police Action on Intimate Partner Violence (IPV)


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