

Ontario's Domestic Violence Death Review Committee (DVDRC)

- Ontario's DVDRC started in 2003
- It is one of the longest standing DVDRC's in the world
- Multi-disciplinary committee reviews “all homicides that involve the death of a person, and/or his or her child(ren) committed by the person's partner or ex-partner from an intimate relationship”
- Based on reviews, makes recommendations to prevent further deaths



**We Speak for the Dead to
Protect the Living**

2023 Committee Begins their Work

- In June 2022, the Office of the Chief Coroner (OCC) issued a Call for Members for the DVDRC
- There was a public process to identify suitable candidates
- 15 members were appointed to the committee in 2023 (some new, some continuing) along with two Resource Members
- Members represent Ontario's diverse communities and come from front-line services, academia, public safety, and the legal field

This webinar reflects the experiences and views of individual members serving on the DVDRC. It does not necessarily represent the views of the Office of the Chief Coroner or of the committee as a whole.

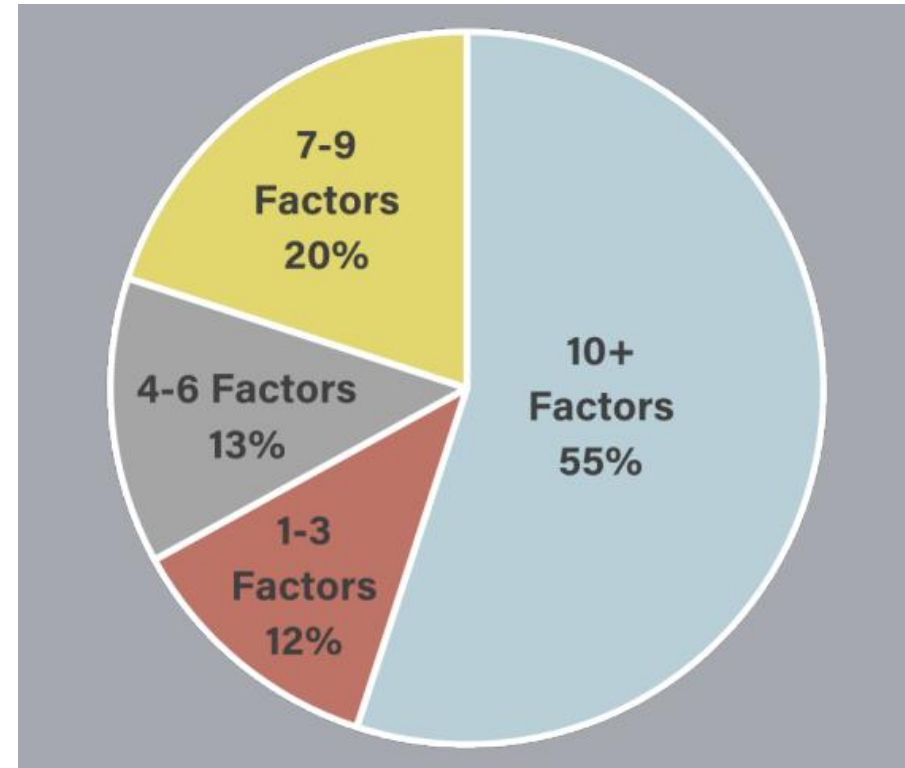
Review of DVDRC Cases over 10 years Between 2010 and 2020

Between 2010 and 2020, the DVDRC reviewed 219 cases

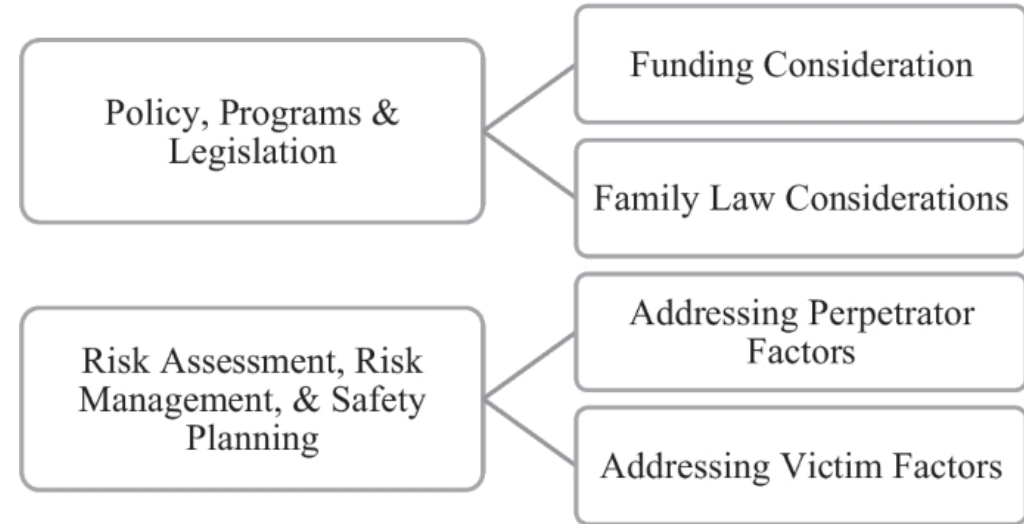
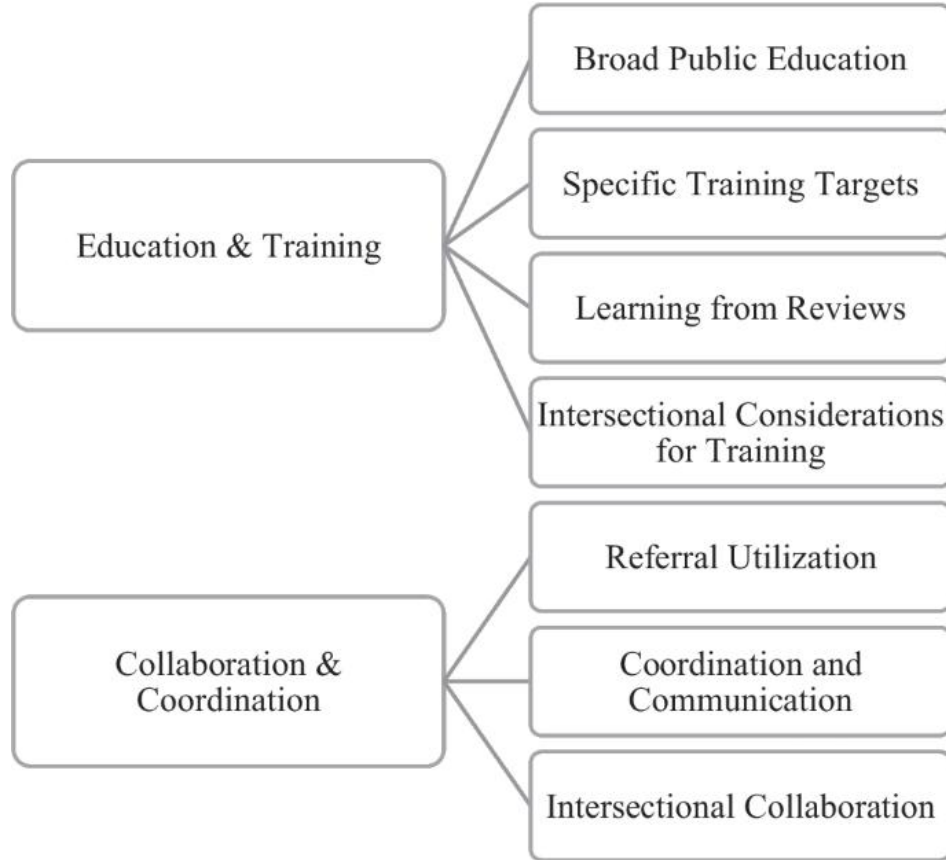
Men are perpetrators in 87% of cases

Women are most frequently victims

75% of cases included 7 or more risk factors



Building on Prior Learning – 400 Recommendations



Saxton, M., Bukhari, S., Jaffe, P., Scott, K., Rajan, P., Reif, K., & Zamfir, D. (2024). How to prevent domestic homicides: A qualitative study of recommendations from a Canadian domestic homicide review committee. *Journal of Family Violence*, 1-14.

Value of Specificity – What will it take

Major Findings and Recommendations – Themed chapters

Chapter One: Intimate Partner Homicide in Aging Populations

Chapter Four: Intimate Partner Homicide by Firearm

Chapter Six: Mental Health and Substance Use: Intersections with Intimate Partner Homicide

Part 2 – November 27, 2025


Major Findings and Recommendations – Themed chapters




*OFTEN
FORGOTTEN;
ELDER/AGING
FEMICIDE*

WHAT IS COMMONLY KNOWN: STATS CAN


Femicide: In Ontario, 1 in 5 women murdered from 1974 to 2012 was 55 years or older. This statistic highlights the significant number of older women who were killed, indicating that gender-based violence exists across the life course.



Prevention of Elder Abuse: A 2019 a Canadian prevalence study revealed that 7.5% of older adults experienced mistreatment in the last year, representing 695,248 older Canadians.



Victimization of Older Women: Older women are victims in 58% of family violence cases in Canada and are twice as likely to be victims of intimate partner violence than older men.



These statistics underscore the need for targeted intervention and prevention efforts to address the issues of domestic violence and elder abuse in Ontario.

According to the Uniform Crime Reporting Survey, the rate of police-reported violence against seniors increased 22% between 2010 and 2020, with the largest increase observed in the past five years among senior men. In contrast, police-reported violence against non-seniors decreased 9% during the same time period, with increases observed beginning in 2015 (+12% between 2015 and 2020).

In 2020, nearly two-thirds (64%) of senior victims of police-reported violence were victimized by someone other than a family member or intimate partner. Acquaintances were implicated for more than one in four (28%) senior victims of violence while one-quarter (24%) of senior victims were victimized by stranger.

Senior women who experienced police-reported violence were twice as likely to have been victimized by an intimate partner compared with senior men (16% versus 7%).

ELDER FEMICIDE

WHAT TO CONSIDER:

- Long term relationships
- New relationships (later in Life)
- Isolation
- Suicidal ideation
- Potential suicide pact
- Lack of contact with kids and grands etc.
- Assumptions related to aging
- Memory challenges
- Generational “silence”
- Cultural beliefs/traditions
- Limited neighbour engagement
- Faith based understanding of IPV
- Sudden change in behaviours connected to health
- Rationalizing that it’s all because they are “getting old”.
- Risks to potential care and placement if violence is assessed “in”.
- Not assessing violence in at any juncture of care



WHAT ARE SOME OF THE COMMON ELEMENTS:

- NO EVIDENCE (NOTHING SHARED WITH FAMILY OR FRIENDS)
- NO SUSPICION (THEY SEEMED FINE)
- NO HISTORY OF VIOLENCE
- NO POLICE OR LAW ENGAGEMENT
- RECENT LOSS (WITHIN LAST 2-4 YEARS)
- MEMORY CHALLENGES
- MENTAL HEALTH (DEPRESSION)
- AGING “SHE WOULDN’T BE ABLE TO LIVE WITHOUT ME”
- SUICIDAL IDEATION/PACT CONCERNS



A photograph of two elderly women with white hair sitting at a table, laughing and enjoying tea. They are in a bright, sunlit room with large windows in the background. The woman on the left is wearing a light-colored patterned sweater, and the woman on the right is wearing a grey cardigan over a blue top. There are teacups and a teapot on the table.

WHERE ARE THE INTERSECTIONS:

- Hospital stay or illness/doc appt
- Faith engagement
- Service engagement
- Cultural community
- Social groups/Neighbours
- Location
- Finances
- Children/Family and communication
- POA restrictions/realities

AS A RESULT, THERE ARE MISSED OPPORTUNITIES TO ASSESS VIOLENCE “IN” AND SAFETY PLAN

Where and When?

- Medical engagement
- Home support
- Family engagement
- Resource information



Why and How?

- Meeting each on their own to check in.
- Asking questions with examples; kitchen counselling approach
- Including violence as a standard assessment
- Naming changes or observations and investing in exploration and planning



RECOMMENDATIONS TO CONSIDER:

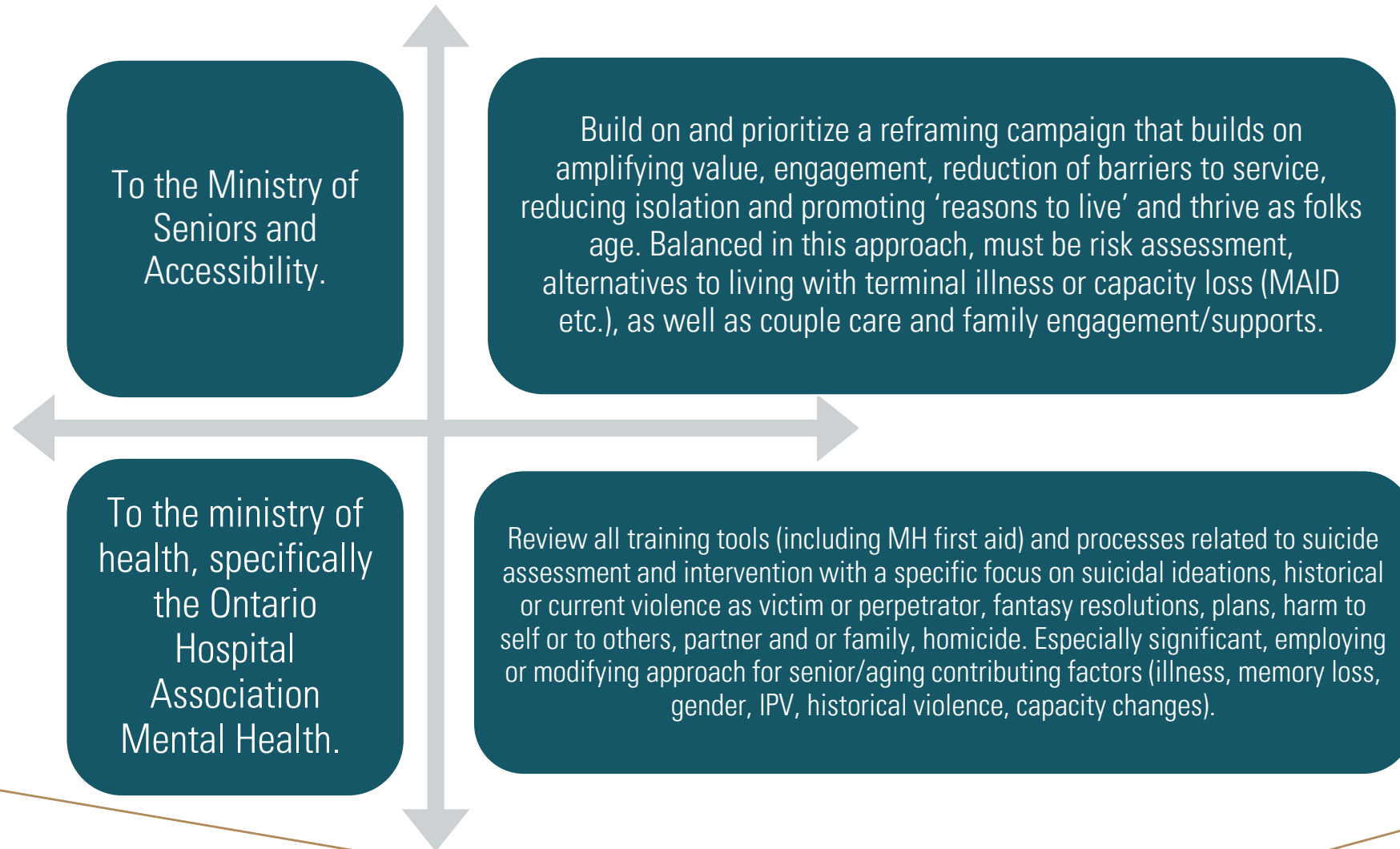
To the Ministry of Health and Long-Term Care

Create course curriculum uniquely focused on safety, violence and risk that speaks to history of and current IPV, suicide risk, family engagement, escalation and change of behaviour where aging and memory loss is relevant.

Mimicking the assessment tools used in paediatric medicine, and as an additional support to geriatric testing, a specific health and wellness assessment be created and implemented that identifies and is inclusive of an intersectional approach to risk, safety, and threat of violence.

For the ministry of LTC as well as the Sol-gen re policing; that wellness check procedures in both long-term health and policing are modified and shared in terms of areas assessed, safety planning, risk, suicide ideations/risk, family engagement and process/frequency to act as 'intervention' support with an intersectional approach to serve as an access tool.

RECOMMENDATIONS TO CONSIDER:





THANK YOU

- Erin Lee
- Erin.lee@lcih.com
- Member, DVDRC

REPORTING

Domestic Violence Homicides by Firearm in Ontario

Chapter X of the **Domestic Violence Death Review Committee (DVDRC)** report provides a detailed review of nine cases of domestic homicide where a firearm was used to kill the victim.

READ RESEARCH

Domestic Violence Death Review Committee
THEME: Domestic Violence Homicides by Firearm

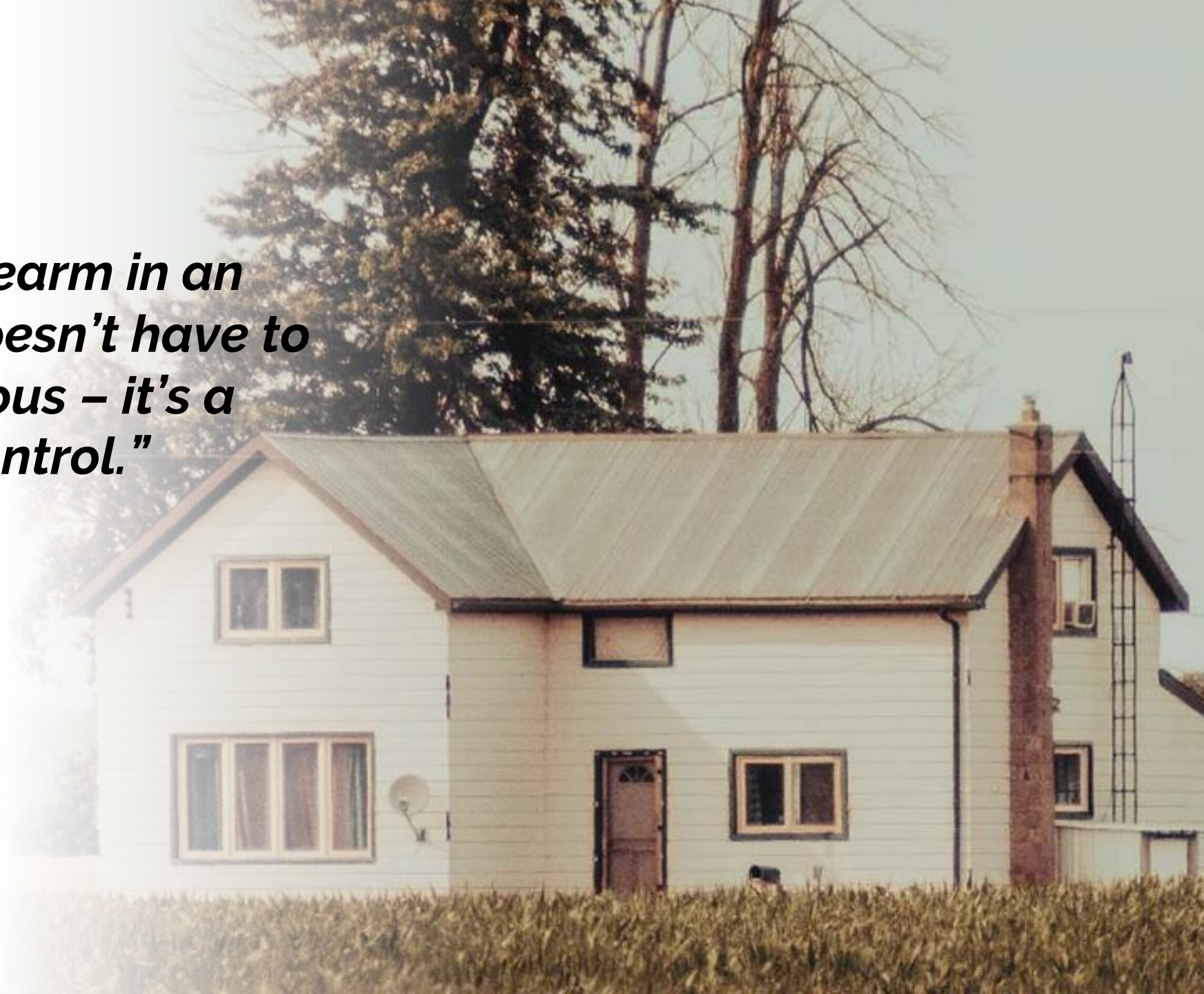


**Learning Network
and Knowledge Hub
Presentation**

Dr. Carolyn Fraser

Sept. 23, 2025

“The presence of a firearm in an abusive household doesn’t have to be fired to be dangerous – it’s a symbol of ultimate control.”



Firearms and Lethality



Gun Ownership

....is the single greatest risk factor for IPV becoming **FATAL** – it is not a history of violence, or even prior death threats.

Why ?

Permanent presence in the home and immediate, lethal effect.


How lethal?

5 times more likely than other types of IPV not involving a firearm.

Firearms are second to sharp force injury as the cause of death.

Issue?

Most firearms used were legally owned rifles and shotguns.



29%

of deaths were caused by firearms

Between 2002 and 2023, the DVDRC conducted 419 reviews in Ontario and found that from all death factors in domestic homicide, **29% of deaths were caused by firearms**, second only to sharp force injury.

**When domestic
homicides involve the
use of a firearm, there
are more fatalities.**

60% of all cases that involved a firearm
were homicide suicides.



In the nine cases reviewed for this report,

**three young mothers,
including one who
was pregnant, and a
total of seven
children under the
age of 16 were killed.**

In one of these cases, a mother's
four-year-old child was the one to alert
the neighbours of her death.

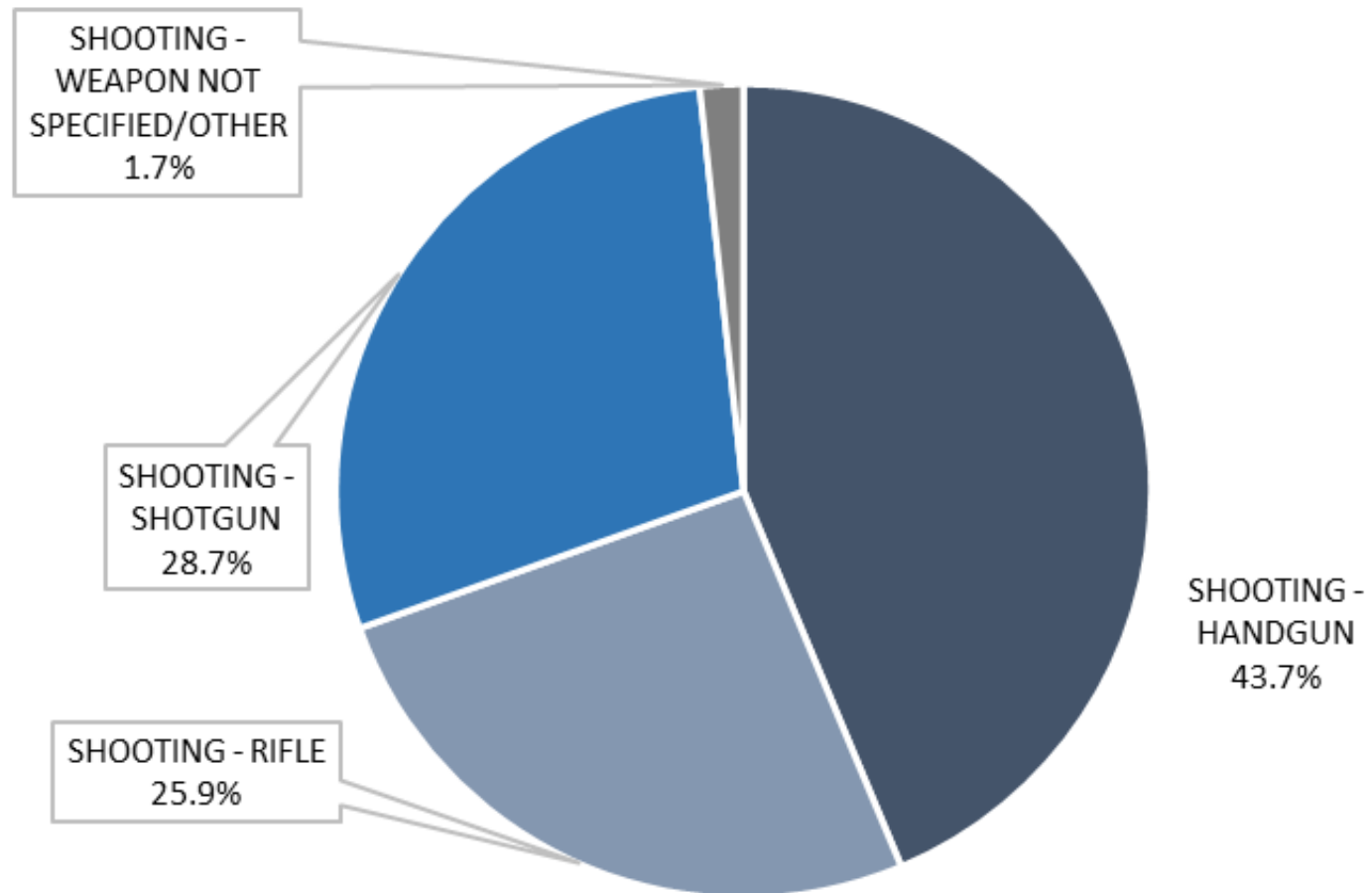




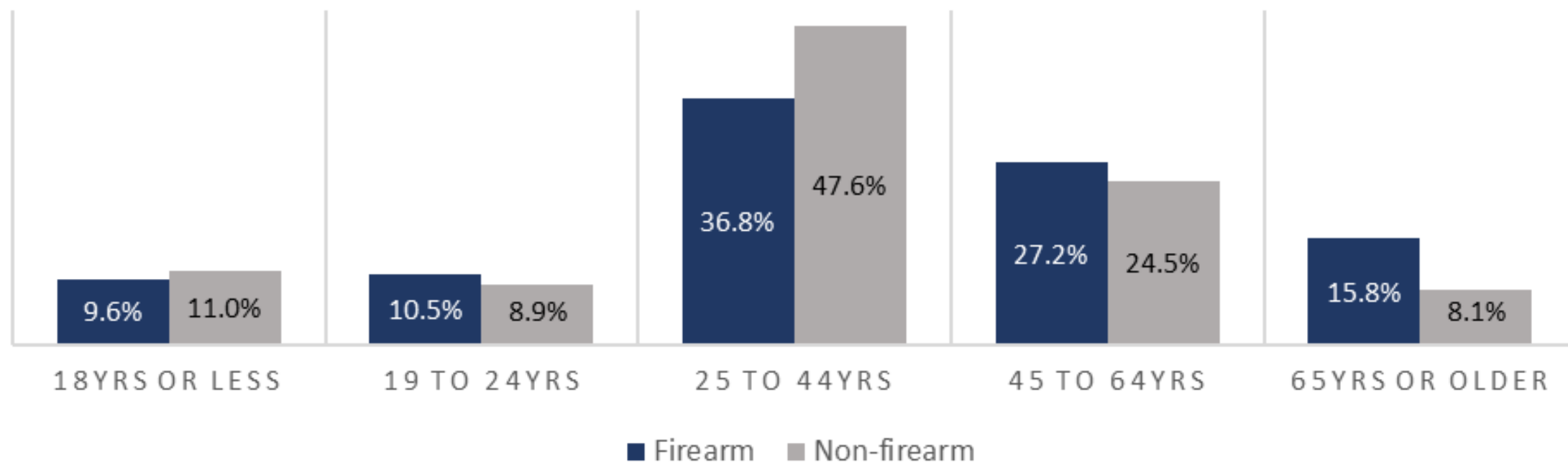
Firearm-involved domestic homicides

**are more likely in rural
than urban areas.**

Proportion of firearm deaths by firearm type



Percent of victim deaths by age group, firearm vs. non-firearm cases, 2002-2022



Recommendations

The review of the nine cases generated 13 recommendations to various organizations, professional associations and the government, focusing on missed opportunities and prevention associated with greater recognition and response to the risk firearms pose in cases of IPV.



How can YOU help?



Ask!! Get Curious!

- Do you, your partner, extended family or close friends possess firearms?
- Where are the firearms stored?
- Does the abuser have access to firearms at home or off property?
- Has the abuser ever mentioned about wanting to obtaining a firearm?
- Do you have concerns about your partner's mental health status?

Educate Yourself and Share Your Knowledge

**Bill C-21
Legislation**

**Red Flag and
Yellow Flag
Laws**

**Canadian Police
Knowledge
Network Course**

**Firearm
Seizures in the
Interest of
Public Safety**

Enhancing Firearm Safety for Victims of IPV

Bill C-21

What is Bill C-21?

Bill C-21, officially titled *An Act to amend certain Acts and to make certain consequential amendments (firearms)*, received Royal Assent on **December 15, 2023**, enacting a range of firearms reforms including national handgun freeze, **red and yellow flag laws**, and stronger trafficking penalties ([Canada.ca](https://www.canada.ca)).

“Red Flag” Laws

Anyone may apply to a court for:

- An **emergency prohibition order** to remove firearms, for up to 30 days, from someone who may be a danger to themselves or others. Hearings can be set to consider a longer-term prohibition up to 5 years.
- An **emergency limitations on access order** to set rules for another person's possession or use of firearms if there is a risk that their firearms could be accessed by someone who is already under a prohibition order.

“Yellow Flag” Laws

- Chief Firearms Officers (CFOs) may **temporarily suspend a firearms licence for up to 30 days**, when doubts arise about the licence holder's eligibility (e.g., suspected IPV).
- These suspensions provide time to evaluate whether full revocation is required.

CFO Contact Information:

Call: 1-800-731-4000

Email: CFOON@cfp-pcaf.ca

Bill C- 21: Enhanced Licence Ineligibility & Revocation

Automatic Ineligibility for firearm licences– as of Apr 4, 2025 – individuals on a protection order or convicted of a violence against a partner/family member

Mandatory Revocation – CFO must revoke licence within 24 hrs when there is reasonable grounds to suspect IPV, stalking or when a protection order is issued

- Firearms must be surrender to authorities within 24 hrs

Records & Reporting – Courts must advise the CFO within 24 hrs of protection orders made, varied, or revoked

Public Safety Search Warrants

- CC 117.04 (1) Application for warrant to search and seize.
- CC 117.04 (2) Search and seizure without a warrant (not practicable to obtain a warrant by reason of a possible danger to safety of that person or any other person).

Resource:

- Canadian Police Knowledge Network
 - Course: Firearm Seizures in the Interest of Public Safety



Key Takeaways

- Access to firearms is an important risk factor for IP homicide.
- When firearms are used, it is 5x more lethal and there are likely to be more victims.
- Access to firearms is also an important concern when someone is suicidal. Suicidality, is an important risk factor for IP homicide.
- You have the power to intervene.

Learning Network & Knowledge Hub

Preventing Intimate Partner Homicide – Part 1

Perspectives from the Domestic Violence Death Review Committee (DVDRC): Mental Health and Substance Use in IPV



September 23, 2025

Eva Zachary

Purpose and Context

- Why this review was conducted.
- Educational and prevention focus.
- ➔ Not about stigma or blame; it is about understanding risk and prevention.





“Mental health and substance use do not cause violence, but they are important **risk factors** in the context of intimate partner violence.”

Note: Substance use ≠ addiction. In these cases, substance use was a concern but not always identified as addiction.

- Focus on prevention, intervention, and awareness.

Mental Health & Substance Use Risk Factors in Intimate Partner Violence

1 Mental Health Risk Factors

- **Depression & Anxiety** – Higher prevalence in both survivors and perpetrators; linked to irritability, aggression, and vulnerability.
- **PTSD** – Survivors often show hyperarousal and intrusive symptoms; perpetrators may have emotional dysregulation from trauma.
- **Personality Disorders** – Borderline, antisocial, and narcissistic traits strongly correlate with IPV perpetration.
- **Suicidality** – Survivors face increased suicide risk; perpetrators may use suicidal threats as control tactics.
- **Childhood Trauma (ACEs)** – Early exposure to violence increases lifetime risk of IPV involvement.

Substance Use Risk Factors 2

- **Alcohol Misuse** – Strongest predictor of IPV; binge drinking lowers self-control and raises aggression.
- **Drug Use** – Stimulants (cocaine, meth) linked with aggression; opioids and cannabis contribute to instability.
- **Survivor Vulnerability** – substance use disorders increase exploitation risk, stigma, and barriers to services.

3 Intersection of Mental Health & Substance Use

- **Comorbidity** – Having both disorders elevates IPV risk significantly.
- **Cycle of Violence** – IPV worsens mental health
→ leads to substance use coping
→ perpetuates IPV.
- **Barriers to Help** – Stigma, custody fears, and distrust of systems hinder survivors from seeking support.

Pathways to Prevention & Support 4

- **Integrated Services** – Trauma-informed programs addressing both mental health & substance use are most effective.
- **Protective Supports** – Social support, financial stability, and culturally safe services reduce vulnerability.
- **Policy Action** – Expand treatment access, destigmatize help-seeking, and embed IPV screening in health services.

Key Finding #1: Intersectionality

- Depression and substance use present in more than half of cases.
- These factors can escalate IPV risk and severity.
- Emphasis on complexity — not a single cause.
- And more...



Key Finding #2 – Separation & History



- Over 80% of perpetrators had prior history of IPV.
- Many cases occurred during or after separation; this is a high-risk period.
- Mental health and/or substance use was present during this vulnerable time.

Key Finding #3 – Financial Stress & Missed Opportunities

- 60% of perpetrators unemployed; financial strain worsened risk.
- Missed opportunities: victims and perpetrators often had prior contact with professionals, but risk wasn't consistently identified.



Recommendation A: Professional Training



- Annual, cross-sector training.
- Equip frontline workers to recognize mental health / substance use risk factors in IPV (handout available).
- Trauma-informed, culturally sensitive care.

Recommendation B: Public Awareness

- Campaigns to help communities recognize warning signs (i.e. Neighbours, Friends and Family).
- Include education in schools and post-secondary curriculum.
- Destigmatize help-seeking and support.



Recommendation C: Cross-Collaboration

- Stronger partnerships: health, justice, education, social services.
- Include experts in mental health & substance use at high-risk committee tables.



Recommendation D: Risk Assessment



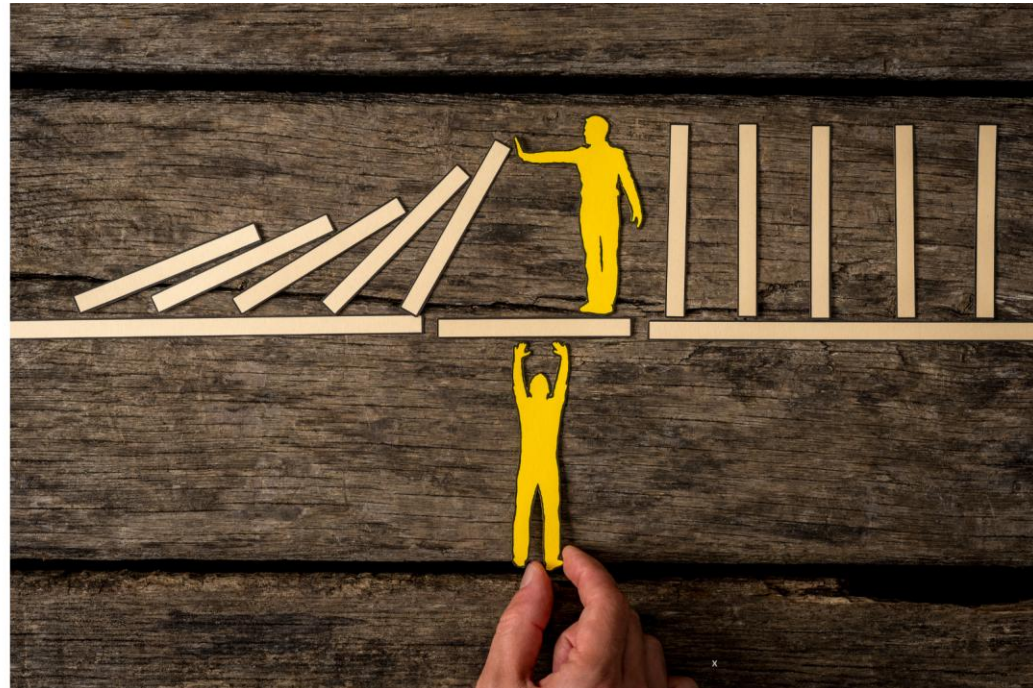
- Standardize risk assessment tools across Ontario.
- Ensure depression, suicidality, and substance use are captured consistently.

Conclusion: Core Message

Prevention is possible.

Need early intervention + collaboration across systems.

Every life lost is a call to action.



Acknowledgement & Call to action

Acknowledge victims, families, and communities who have been impacted by intimate partner violence and homicide.
We are all learning from their experiences.



**“Together we can strengthen awareness, training,
and collaboration to prevent further deaths.”**

Q&A Time / Contact Information

Eva Zachary

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The Handout on “Mental Health and Substance Use Risk Factors in Intimate Partner Violence” is available and will be shared with the PowerPoint following today’s presentation.

There is an expanded version of the handout, in an article, on “Mental Health and Substance Use Risk Factors in Intimate Partner Violence”; it can be found on my website:

evazachary.ca

The Poster can be found under the “Resources” tab.

The Article can be found under the “Blog” tab. Article was posted September 2025.