



## Domestic Violence Death Review Committee

### Office of the Chief Coroner

#### Report on the matter of the death of:

**OCC File : 2014-1470  
(DVDRC 2017-16)**

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#### Details of Deceased:

**Date of Death:** February 3, 2014  
**Age:** 6 years  
**Sex:** Female

#### Overview:

This case involved the homicide of a six-year-old girl by the perpetrator who was her 35-year-old father. At the time of the homicide, the child's parents were in the process of separating. There were seven risk factors<sup>1</sup> for intimate partner homicide identified.

#### History of Victim:

The homicide victim was the six-year-old daughter of the perpetrator. The child's mother, who was the indirect victim, was the 42-year-old wife of the perpetrator. The woman was a stay-at-home mother who cared for the victim, together with three other siblings ages three to seven years.

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<sup>1</sup> Risk factors pertain to the relationship between the child's father (the perpetrator) and mother.

The mother was reportedly depressed and stressed over multiple issues including the recent loss of her father and her own health concerns. The woman felt that her husband had a personality disorder.

### **History of Perpetrator:**

The perpetrator was the 35-year-old father of the victim. The perpetrator had a university degree and had been terminated from a previous job due to fraud. At the time of the homicide, he was working for another employer.

The perpetrator's parents were well established in the community and his father worked in the law enforcement field.

As part of a court-related assessment for fraud charges, the perpetrator had been diagnosed with a major depressive disorder two months prior to the homicide. He also reported anxiety and was on multiple psychiatric medications. He had repeatedly reached out for help on a crisis basis when depressed, but there was little indication of ongoing counselling. He was also seeking marriage counselling.

The perpetrator had difficulty finding a place to live after the separation from his wife. He was becoming more depressed and then suicidal. One month prior to the homicide, the perpetrator went to a hospital emergency department to report that he was suicidal. He indicated that he had significant depression and anxiety. He had suffered many recent losses including the death of his father, termination from a good job, and a failing marriage.

The perpetrator was described as being fixated on his wife and always wanted to be close to her. He often ignored his fathering role unless told what to do by his wife.

On the morning of the homicide, the perpetrator had made a court appearance relating to the fraud charges.

### **History of relationship:**

The perpetrator and his wife had been married for 10 years and had been separated on-and-off for two years. The marriage was reportedly filled with conflict and stress over health, finance and child care issues.

There were two previous reported domestic incidents in 2009 and 2012 which resulted in the perpetrator being removed from the home. There were no charges or concerns about suicide reported to the police on those occasions; mental health records however indicated that the perpetrator had discussed suicidal thoughts.

Early in the marriage, the couple moved to another country so that the perpetrator could go to school. They returned to Canada after approximately six months as the perpetrator's wife was homesick.

**History of Children:**

The perpetrator and his wife had four children together: three-year-old twins, the six-year-old victim and a seven-year-old.

There was a referral to CAS in 2009, but no follow up or action was required.

The children were exposed to parental stress and conflict on an ongoing basis.

**Synopsis of events leading up to death:**

On the day of the homicide, the perpetrator went to the matrimonial residence and had an argument and physical confrontation with his wife.

At approximately 11:00 a.m., the perpetrator's wife called police to report a domestic violence incident.

Just after noon, police attended the residence and attempted to locate the perpetrator. The wife indicated to police that she was not fearful that the perpetrator would hurt the children.

At approximately 4:00 p.m., the perpetrator's wife called police to report that the children had not returned home from school. The perpetrator had apparently picked the children up at school earlier in the day. He lied to school officials and told them that he was taking the children for a medical appointment.

The perpetrator took his six-year-old daughter and seven-year-old son to a local hotel and administered sleep medication and alcohol to them.

The perpetrator made an unsuccessful suicide attempt and left a note indicating that he was depressed and upset over the marital conflict.

The six-year-old child died from diphenhydramine and ethanol toxicity. The seven-year-old child and perpetrator both survived.

Following the homicide, the perpetrator told a psychiatrist that he wanted to kill his children and himself, so they could "all be together in heaven."

The perpetrator was charged and convicted of second degree homicide and attempt murder.

### **Risk Factors Identified:**

There were seven risk factors for intimate partner homicide identified:

- Actual or pending separation
- Child custody or access disputes
- Depression – in the opinion of family/friend/acquaintance or professionally diagnosed
- Prior threats to commit suicide by perpetrator
- Obsessive behavior displayed by perpetrator
- History of domestic violence - Current partner/victim
- Perpetrator threatened and/or harmed children

### **Possible Recommendations:**

**To the Colleges of Social Workers and Social Service Workers, College of Psychologists of Ontario and Ontario College of Physicians and Surgeons:**

1. Social workers, psychologists and physicians are reminded of the importance of ongoing training on risk assessment, risk management and safety planning in the prevention of domestic homicides. Special emphasis should be given on the impact that depression has on domestic violence and domestic homicide.

#### *Rationale:*

This case involved a perpetrator who had sought help on a crisis basis on numerous occasions including a visit to the emergency department due to suicidal thoughts one month prior to the homicide. The perpetrator was showing signs of desperation resulting from his court appearance for fraud, his father's death, marital conflict and separation, problems accessing housing and a sense of failure. There may have been opportunities to engage the perpetrator's wife in the creation of a safety plan for her and the children and a risk management plan for the perpetrator. There may have been an opportunity for healthcare workers to follow up with the perpetrator on missed psychiatric appointments.

Since the DVDRC began, there have been numerous recommendations about the role of health care professionals in responding to potentially lethal circumstances that may be associated with domestic homicide. Approximately 73% of all cases reviewed by the DVDRC from 2003-2016 involved a couple where there was a history of domestic violence and 67% of the cases involved a couple with an actual or pending separation. Two other top risk factors include a perpetrator who was depressed (50%) and prior threats or attempts to commit suicide (46%); both of these

risk factors are often associated with contacts with mental health professionals. In many of the cases reviewed, mental health professionals did not thoroughly explore or investigate potential risks associated with domestic homicide.