



Domestic Violence Death Review Committee

Office of the Chief Coroner

Report on the matter of the death of:

**OCC File : 2017-4670
(DVDRC 2020-07)**

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Details of deceased:

Date of death: April 7, 2017
Age: 26 years
Sex: female

Overview:

This case involved the death of a 26-year-old female by her 25-year-old husband. At the time of her death, the victim was pregnant and full-term. There was a history of domestic violence in the couple's relationship. There were 14 risk factors for intimate partner homicide identified.

History of Victim:

The victim was a 26-year-old woman of West Indian descent. At the time of her death, she was on maternity leave from her job with a bank and was expecting her first child. She lived between her parents' house and the perpetrators parents' house. She was close with her family and had several childhood friends that she was still in contact with. She had no criminal history. Records indicated that she had concerns about depression and anxiety which became more apparent during her pregnancy.

She began seeing a social worker just months prior to the homicide and disclosed being a victim of domestic violence.

History of Perpetrator:

The perpetrator was the 25-year-old husband of the victim. He was born in Canada and was of West Indian descent. Early in his life, he moved with his family to the United States and returned to Canada when he was a teenager. At the time of the homicide, he was living with his parents and younger brother.

The perpetrator struggled to maintain steady employment and worked several different jobs over the years. Most recently, he was working with his younger brother at an auto parts supplier. He did not have a criminal record but had previously been charged with domestic violence towards the victim on two separate incidents; these charges were withdrawn.

The perpetrator acknowledged that he had abused substances, including alcohol, marijuana and cocaine, since he was a teenager and that he used daily. He was reportedly under the influence of alcohol and marijuana when he killed the victim. He had also seen a family doctor for anxiety and depression. He had been violent towards his mother in the past.

Issues involving children:

At the time of her death, the victim was pregnant and full-term. She reportedly had several previous abortions. The perpetrator was the father of the pregnancy.

History of relationship:

The victim and perpetrator began dating six years prior to the homicide. Their relationship was tumultuous and was described as “on and off again.” The victim’s father described the perpetrator as “controlling, egotistical, and ignorant.” Her father indicated that the first time he met the perpetrator, he told his daughter that he was “the devil” with “pure evil in his eyes.” The victim’s friends also perceived the perpetrator to be controlling and possessive and reported that he would pressure the victim to abandon her friendships. The perpetrator would continuously accuse the victim of being unfaithful and disparage her both privately and publicly. Many of her friends indicated that they were wary of the perpetrator and feared him. Despite the family and friends concerns about the perpetrator, the victim continued to date the perpetrator with the hope that he would change.

There was a documented history of violence within the relationship, with at least four police occurrences from two different jurisdictions. The first call resulted in the perpetrator being charged with assault after attacking the victim following an argument over his suspicion that she had been with another man. During her interview with police, the victim described how the perpetrator had previously strangled, kicked, dragged and threw objects at her. The victim described the perpetrator as being obsessive and would routinely accuse her of being unfaithful and calling her derogatory names. The victim told police that she had twice been pregnant by the perpetrator and each time he would punch her in the stomach

and accuse her of not being pregnant. She also disclosed that she had two previous abortions. The relationship was described as toxic by the investigating officer, however the charges were withdrawn in April 2015 after the perpetrator entered into a peace bond.

In September 2016, while in the jurisdiction where the couple lived, police were called by the perpetrator to report that the victim was refusing to leave his parents' home. When police arrived, the victim had already left and had gone to her parents' house. Police spoke to both parties and no charges were laid.

Victim Services attempted to contact the victim, but were not successful.

In October 2016, the perpetrator's father called police to report fighting between his son and the victim. While the victim was reportedly uncooperative with the police, interviews with her indicated that the perpetrator had thrown her to the ground and hit her head multiple times on the floor over an argument about her being unfaithful. The perpetrator had left the scene before police arrived. When he returned home, he was arrested and charged with assault.

A few weeks later, the victim recanted her testimony and the charges were dropped. There were two risk assessments on file, but there was no record of any safety planning or risk management measures being implemented.

In November 2016, when the victim became pregnant, the couple were married. There is some indication from records that both parents encouraged their marriage due to the pregnancy. The couple began living at the perpetrator's parents' house, however due to their frequent fighting, the victim would often stay with her parents.

Between November 2016 and March 2017, text messages between the perpetrator and victim became increasingly more threatening and hostile. The perpetrator sent text messages indicating that he did not want to be married to the victim and that he hoped that she died while giving birth.

At the end of February 2017, the victim was referred to a social worker by her midwifery service after they became concerned about her safety.

In March 2017, the victim met with a social worker as she was experiencing feelings of depression and anxiety. The victim told the social worker that she had recently separated from the perpetrator after being kicked out of his parents' home. The victim disclosed information about past violence inflicted by the perpetrator but then indicated that she wanted the perpetrator to be there for her.

Synopsis of events leading up to death:

In January-February 2017, the victim moved back into her parents' house. The victim and perpetrator continued to argue through text messaging and in person.

Two weeks before the homicide, the perpetrator was visiting the victim while she was at her parents' house. The victim's mother heard a loud noise, then saw the perpetrator leave the residence. The victim's mother found the victim crying in her room. The victim indicated that the perpetrator had become angry after he went through her phone.

One week before the homicide, the perpetrator went to the victim's parents' home and kicked in the locked interior garage door.

The victim's father texted the perpetrator and told him that if he did not fix the door, that the police would be contacted. The victim's father and the perpetrator continued to text about resolving the issue within hours of the homicide taking place.

On April 7, 2017, the victim told a friend that she had been fighting with the perpetrator all day.

In the evening, the victim took her mother's car so that she could drive the perpetrator home from work. At the time, the perpetrator's parents were away and it was just the perpetrator and his younger brother staying at the house.

While at the perpetrator's residence, the couple got into an argument. The victim surreptitiously contacted 911 during the argument. The victim indicated to the 911 operator that she wanted the police to attend right away.

The operator heard the victim scream and the line disconnected. It is believed that this was when the perpetrator began to attack the victim, stabbing her multiple times in the torso, neck and head. The perpetrator fled the residence in the victim's mother's vehicle. The perpetrator subsequently met up with his brother and told him what had happened.

When police arrived at the residence, the victim was found deceased.

The following day, the perpetrator was arrested without incident at a family member's house.

The perpetrator was charged with first degree murder and would later plead guilty to second degree murder. He was sentenced to life with no eligibility for parole for 17 years.

Risk factors identified:

There were 14 risk factors for intimate partner homicide identified:

- Actual or pending separation
- Excessive alcohol and/or drug use by perpetrator
- Depression – in the opinion of family/friend/acquaintance or professionally diagnosed
- Obsessive behavior displayed by perpetrator
- Sexual jealousy

- Prior destruction or deprivation of victim’s property
- History of domestic violence - Current partner/victim
- Prior threats to kill victim
- Prior attempts to isolate the victim
- Choked/strangled victim in past
- Prior assault on victim while pregnant
- After risk assessment, perpetrator had access to victim
- Victim’s intuitive sense of fear of perpetrator
- Victim vulnerability

Recommendations:

To College of Physicians and Surgeons, College of Nurses Ontario, College of Midwives Ontario, Society of Obstetricians and Gynaecologists, Ontario College of Family Physicians and Public Health Ontario:

1. Obstetrical care providers are encouraged to utilize this case report and information contained within the DVDRRC annual report for educational opportunities to reflect the significant risk that pregnant mothers face with domestic violence and domestic homicide. Although Ontario has a perinatal guide (Ontario Perinatal Record OPR) that was created to standardize the documentation of perinatal care, it is difficult to readily find resources on domestic violence including a focus on the warning signs, screening, and appropriate responses for women experiencing domestic violence. Ongoing reminders and training in this area is essential.

Committee comments: Research has shown pregnant women are at a unique risk for domestic violence. Abuse during pregnancy is a significant problem worldwide and associated with adverse outcomes for newborns. Existing medical and social science literature has recommended that women should be screened for domestic violence during all stages of pregnancies¹. It is vital that those working closely with pregnant women have the awareness, training and tools to identify women experiencing domestic violence and provide resources that addresses the health of the whole client. Family physicians, obstetricians, nurses and midwives are uniquely positioned to offer assistance to women who may not otherwise be identified or responsive to domestic violence resources. In this case, the victim had several contacts with the health care system throughout her pregnancy and there were many disclosures and warning signs of domestic violence reported.

¹ Bailey, B. A. (2010). Partner violence during pregnancy: prevalence, effects, screening, and management. *International journal of women's health*, 2, 183.

To the Ministry of the Solicitor General:

2. Policy, procedures and training for Ontario police services should continue to outline strategies to deal with reluctant victims of domestic violence who may recant statements or refuse to support charges, especially in circumstances that reflect an ongoing pattern of abuse and high risk, based on a mandatory risk assessment required for all domestic violence occurrences.

Committee comments: Many victims are hesitant to engage with the police or pursue criminal proceedings for a wide variety of reasons including fear of the perpetrator or concerns about their incarceration. In this case, the victim had repeated police contact, but either refused to support charges or recanted her statements. The police response included threatening the victim with charges for mischief. The police officers in two different jurisdictions identified a high risk situation that included a history of physical violence, strangulation and threats. There was evidence from friends and family about the extent of abuse that could have resulted in prosecution or better engagement with services for the victim and the perpetrator (e.g. the resolution by peace bond did not include any PAR provision).

The importance of police risk assessment for domestic violence continues to be highlighted in the social science literature. Police are uniquely positioned to identify victims at the highest risk of domestic homicide if they are provided the training and tools to effectively do so. Police should take the time to assess risk in all occurrences to gain a more thorough picture of risk. These assessments should take place regardless of charges being laid to ensure a complete picture is maintained. A risk assessment at every occurrence may have offered a clearer picture of the dynamic risk that the victim had experienced over time and would have potentially enhanced the coordinated community response for the victim and perpetrator. Engaging the reluctant victim would have been essential.

To the Ontario College of Social Workers:

3. Social workers should recognize the risk of domestic homicide for victims of domestic violence. Members should be mandated to complete a risk assessment when clients disclose violence and provide safety planning. Training should be offered to members to increase awareness and skills to appropriately address domestic violence when disclosed by clients. For social workers without training or competence in this area, they should refer victims to others who can provide appropriate risk assessment and safety planning services.

Committee comments: Social workers represent a critical front-line profession who are often in contact with victims of domestic violence. Social workers should help clients recognize the risk posed when they are living with domestic violence. Likewise, social workers should have the training on the appropriate response to disclosures of domestic violence. Included in this

response should be a clear understanding of the risk posed to clients and safety planning which specifically addresses these risks. In this case, the social worker working with the victim months prior to the homicide was aware of the domestic violence but there was no clear attempt at assessing the risk for the victim or was there any safety planning completed.