

Intimate Partner Violence Unit

Detective Constable Amanda Bitter #1872

May 13, 2025

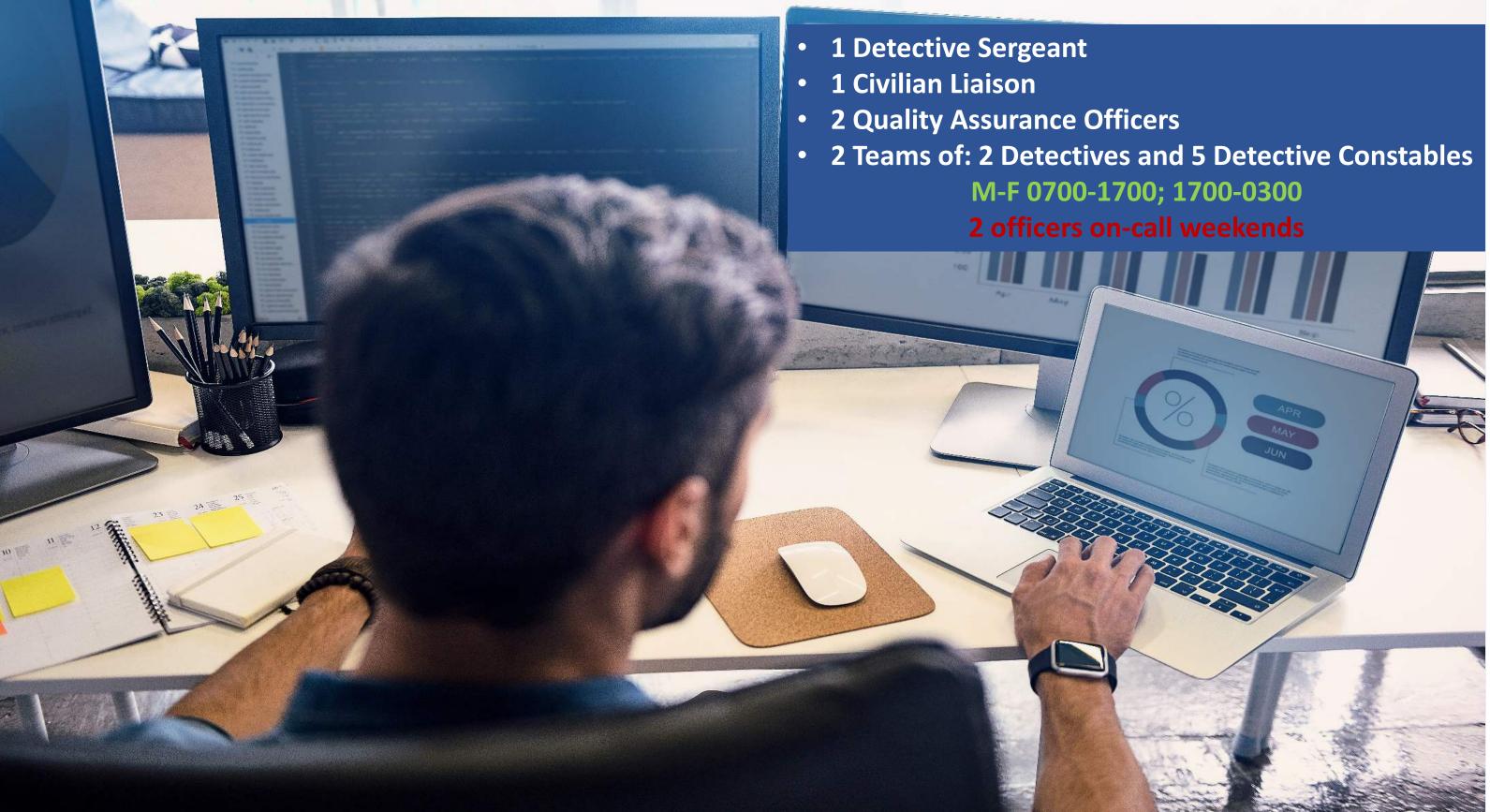
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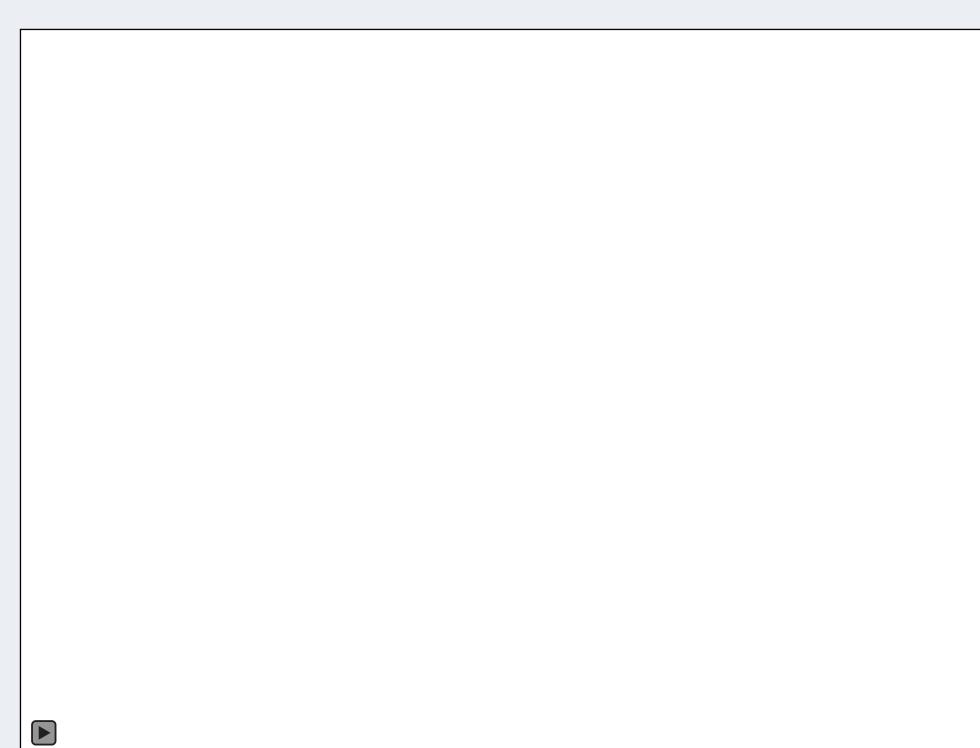


Criminal Code Offences





Who is the Dominant Aggressor?







Dementia as a Risk Factor

- If charged with a criminal offence will limit availability for LTC/retirement home, liability
- An untreated UTI can present like dementia, patients with delirium more likely to be aggressive, not med compliant
- Police are not to determine NCR Court's responsibility
- Partner has dementia (paranoia, items misplaced)
- Best practice sworn statement, capacity fluid
- Hear diagnosis, assume not capable without a formal assessment confirming lack of capacity



Barriers at Community-Level

Communities often face barriers to identify, respond to, and prevent abuse in later life

Ineffective response may result from:

- Lack of training for law enforcement, prosecutors, court officials, and victim service providers

- Lack of coordination across systems and disciplines
- Lack of funding to address elder abuse and to provide direct services



What Might Collaboration Look Like?

- Exchanging information on processes and disciplines' limitations to • better understand each other's role in supporting older adults
- Exploring ways to enhance each other's work
- Work with Crown (Mental Health Diversion Court, first offence, cognitive impairment), family members, SW, hospital
- Charge on conditions to not return to residence.



DV and MH Community Treatment Diversion Court

- Intimate partner violence and mental health cases that are relatively low risk.
- Accused has mental health/addiction issues, or elderly couple, no previous criminal involvement and possible age-related cognitive decline.
- Crown has obligation of considering prospect of conviction and public interest if matter should proceed.
- Police not to determine NCR, for courts to decide.



Content Warning

This section of the presentation includes cases of elder abuse that have distressing information, visual images and audio recordings.



Case Study – R. vs. Goss

- Weapons Call
- Charge nurse, "male attacked wife with a knife in hospital" male sedated, female waiting for triage
- Married for 37 years, no history of violence, victim shocked •
- The Psychiatrist advised that they were treating accused for a UTI, • in hospital 6 weeks.
- Both parties in their 90's



Incident

- Accused eating the food the victim brought him
- Reading the newspaper, made mention of Trudeau's separation
- Accused got up from bed, walked around, from behind, realized he was stabbing her in the neck, called for help
- Nurses heard her, rushed in and took knife away from accused •



Evidence

- Trail of blood from room to hallway, majority mopped up
- Knife victim brought from home so that accused could enjoy home cooked meal she brought him
- Stab in the right shoulder two times, trying for a third, hospital staff intervened (if they had not, what would have police done?)
- Cut on left index finger (defensive wound)











Delirium?

- The accused had no recollection of the assault
- Concern charges withdrawn come home, explain conditions
- Variance in bail can facilitate sale of home
- Charges withdrawn (DV-CTC (Community Treatment Court))



Conclusion

- House sold •
- Male is incontinent, still capable, living in assisted living •
- Victim is living independently in an apartment •
- The two still communicate, victim advised no plans to reconcile •
- Feels the event was the result of a medical condition, no intention to harm



- Call in 2023, female Rita believes partner hid her car keys.
- Partner Donald advised that he did not take keys, for past few years she has been misplacing items and blaming him
- Both parties show signs of Dementia/Alzheimer's disease
- Police call their adult son Peter to inquire as to any diagnosis for either of his parents
- Report in 2022, Rita reported someone stole her purse from garage. Located a few days later in her bedroom
- Peter advised to seek a medical opinion for both parents. •



YUK – Part 2

- In Feb 2024, Peter received a call from a neighbour, Donald knocked on their door and was bleeding. Peter was advised by Donald that Rita had jumped on his back and bit his hand causing it to bleed.
- Peter advised that Rita was formally diagnosed with Dementia this past December. The social worker advised him that she has not been taking her medication (comes once a week).
- Donald has no cognitive issues but has Parkinson's disease and is not very mobile.
- There was blood on Rita's shirt, she advised she had cut herself a few days prior.
- Police apprehended Rita under the MHA.
- At the hospital, Rita could not recall why officers were there and forgot that they were ever at • her home.



YUK – Part 3

- In April 2024, family in process of getting a POA in order to move Rita into a home with care.
- At hospital not capable due to non-med compliance, 6 week stay, capable, refuses POA and move, returns home against Peter's wishes
- Donald had been staying with Peter. When Donald heard that Rita was returning home he wanted to go home to care for her. Capable, Peter complied.
- Once Donald was home Rita slapped him, Peter had to get between them. Rita had stopped taking her medication and had been home for four days.
- Rita was charged with assault and transported to the hospital due to the medication.
- Rita deemed incapable, transitioned to memory care assisted living.
- Donald returned home with supports.



- Feb 2024, Support worker advised police received information from a client that her partner pushed her and a knife went into her arm.
- Couple married for 23 years, male Alfred diagnosed four years ago with Alzheimer's disease.
- Female partner Nada holds POA for property and medical, Alfred awaiting placement into LTC.
- Alfred became angry that she was speaking with a male neighbour and pinched her arm. While cutting an orange he poked her with the tip of the knife in her arm. Nada reported so he would receive medical attention, she did not want him arrested.
- Alfred arrested for assault with a weapon and assault, also apprehended under the MHA.
- While reading RTC and caution seemed that Alfred did not understand, read Youth RTC.
- Held due to not being able to understand release conditions due to Alzheimer's. Cannot return home due to risk to Nada.



NEHME – Part 2

- Spoke with SW at hospital, no POA in place, SDM. Adult daughter concerned Nada not making decisions in her father's best interest.
- Crown consult, charge withdrawn through Mental Health Diversion Court.
- Hospital ethics department looking to change SDM, Nada wants him home but he needs LTC. Discharge Planner engaged.
- Financial strain, did not realize his pension goes to LTC payment.
- Nada agrees to have Alfred go to LTC.



HARRISON

- February 2025 Arnette calls police and advised that her partner, Jack of 40 years called her from the hospital.
- Jack was arrested and charged with IPV offences and was on a no communication order.
- Jack asked if Arnette was coming to pick him up (no threats, etc.).
- Arnette provided an audio statement and claims that she does not believe that Jack has any cognitive impairments.
- Spoke with the SW at hospital, transfer to Whitby Shores Geriatric Unit for assessment.
- Not comfortable having Jack sign a medical release if capacity concerns. PO phone records?
- Spoke with Crown, advise due to concerns regarding capacity okay to not charge. Advise Arnette.
- Arnette called and advised that Jack's capacity has really declined, he didn't recognize their son when he went to visit.



GREEN

- Husband suffering from caregiver burnout.
- Husband asked children for assistance, never received.
- Husband tried to kill his partner with a hammer, he called 911.
- Husband was arrested and brought to the hospital.
- Homicide was engaged as it was possible that she might die. She survived.
- Investigators attended the hospital to interview the accused.
- Education needed for family, resources and supports available that they were not aware about.



Thank you



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